

H. GLENN FOOLE, JR., ESQ. (ADMITTED IN GA)
NATALIE L. GRIGGS, ESQ. (ADMITTED IN GA)
DAVID LUNEL, ESQ. (ADMITTED IN GA & PARIS)
ADRIANA URTUBBY, ESQ. (ADMITTED IN NC)
OF COUNSEL: MARY M. SHIN, ESQ. (ADMITTED IN HI)
OF COUNSEL: PRADEEK SUSHRELAN, ESQ. (ADMITTED IN NY)



ATLANTA OFFICE 404.522.1852
CHARLESTON OFFICE 843.572.6822
CHARLOTTE OFFICE 704.405.9060
LOS ANGELES OFFICE 213.344.3780

"Effective Immigration Solutions"

December 8, 2020

Department of Homeland Security
U.S. Citizenship & Immigration Services
PO Box 648004
Lee's Summit, MO 64002

RE: Request for Evidence

Case Type: I-485, Application to Register Permanent Residence
or Adjust Status
Petitioner: Latoric L. Johnson (US Citizen Spouse)
Applicant: Abiola A. Adesida (A219-087-600)
Receipt.: MSC1990390692

Dear Sir or Madam:

Please note our office represents the Applicant, Abiola Adefemi Adesida in regard to the above captioned matter. Original Forms G-28 pertaining to the firm's representation are enclosed.

Effective immediately, please update your records to reflect that I am now the attorney of record for this matter. As such, any and all documentation pertaining to this matter should be forwarded directly to the address listed below in Atlanta.

We are in receipt of a Request for Evidence ("RFE"), dated September 4, 2020, requesting the above Applicant to submit Form I-130A, Supplemental Information for Spouse Beneficiary. **(ii) Evidence of Qualifying Joint Sponsor**

Please note that this response is timely filed as USCIS has temporarily announced flexibility for **Request for Evidence (RFE)**, Notices of Intent to Deny (NOID), and Notices of Intent to Terminate (NOIT). (See attached USCIS announcement print out). USCIS will consider a response received within 60 calendar days after the response due date set forth in the following requests or notices before taking any action if such request or notice was issued by USCIS between March 1, 2020 and January 01, 2021, inclusive:

- **Request for Evidence;**
- Continuations to Request Evidence (N-14);
- Notice of Intent to Deny;
- Notice of Intent to Revoke;

I-485, Application to Adjust Status
Applicant: Abiola A. Adesida
Receipt Number: MSC1990390692

- Notice of Intent to Rescind;
- Notice of Intent to Terminate; and
- Request for a Hearing on a Decision in Naturalization Proceedings (Under Section 336 of the INA)

As the Service issued Applicant's Request for Evidence (RFE) on September 4, 2020, Applicant is allowed an additional sixty (60) calendar days after the November 30, 2020 response due date set in the Request for Evidence. Therefore, Applicant's response to the Service is due on or before January 29, 2021.

As such, enclosed please find and accept the submission of the following evidence:

- Copy of Notice of a Request for Evidence;
- Original Forms G-28, pertaining to the firm's representation;

Form I-130A, Supplemental Information for Spouse Beneficiary

Petitioner's Income Documentation

- Form I-864, Affidavit of Support from Petitioner
- Copies of Petitioner's Paystubs
- Copy of Petitioner's 2019 1040 Tax Return
- Copy of Petitioner's 2019 W-2 Forms
- Copy of petitioner's Business Registration

Form I-864, Affidavit of Support from Joint Sponsor and Supporting Financial Evidence:

1. Form I-864 Affidavit of Support from Joint Sponsor;
2. Copies of Joint Sponsor's Paystubs;
3. Copy of Joint Sponsor's most recent 1040 Tax Return and W-2; and
4. Copy of Joint's Sponsor's Green Card.

EXPLANATIONS

The Service alleges the Petitioner does not meet the qualifications of the 125% poverty guideline of the petitioner/sponsor's household size. However, the Petitioner meets the requirements as the guideline in 2018 was \$36,775 and presently it is \$38,350. The Petitioner earns an hourly rate of \$20.96 and works an average of 70+ hours. The petitioner earns at least \$1600.00 Bi-Weekly, which she would make her earn a minimum of \$41,600.00 a year. Petitioner also receives bonuses from the employer. (see **Petitioner's Paystubs**). Therefore, the Petitioner should qualify as a sponsor. Please note that Petitioner also owns a business (see **Petitioner's Business Information**).

Regarding the Petitioner's Paystubs (see **Petitioner's Paystubs**). The Petitioner's paystubs incorrectly show her marital status as single. However, that is incorrect and was

I-485, Application to Adjust Status
Applicant: Abiola A. Adesida
Receipt Number: MSC1990390692

an error in the system. She has contacted the company to have it reflect her current correct marriage status.

In the request of a qualifying joint sponsor, please see attached Form I-864, Affidavit of Support and required documents for the joint sponsor. Please note that the joint sponsor is employed at SD&C INC and is paid an annual salary of \$66,560.00. His gross pay SD&C INC biweekly is \$2,620.00. See the attached pay stubs. The 125% poverty guidelines require the joint sponsor to make \$32,750.00, for a household size of four (4). The joint sponsor has clearly met the standards set forth by the poverty guidelines as his total income to date is \$66,560.00.

CONCLUSION

Mr. Abiola Adesida respectfully requests that the Service review the submitted evidence in relation to his Form I-485, Application to Register Permanent Residence or Adjust Status. Applicant has fully provided the government with adequate responses and supporting evidence regarding the issues raised.

We would kindly request that the above-mentioned I-485, Application to Register Permanent Residence or Adjust Status be processed as soon as possible. Should you need further information, please contact me at (404) 522-1852 or via email at natalie@foglelaw.com. Thank you in advance for your prompt attention to this matter.

Very truly yours,
THE FOGLE LAW FIRM, LLC


By: Natalie Griggs, Esq.

NG/jug
Enclosures: As indicated

September 4, 2020

ABIOLA ADEFEMI ADESIDA
c/o LATORIC L JOHNSON
1113 W SHORE DR
RIVERDALE, GA 30296

RE: I-485, Application to Register Permanent Residence or Adjust
Status

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Benefits Center
P.O. Box 648004
Lee's Summit, MO 64002



U.S. Citizenship
and Immigration
Services



MSC1990390692



A219-087-600

REQUEST FOR EVIDENCE (FORM I-485)

Dear ABIOLA ADESIDA:

Why We Are Writing You

On December 20, 2018, you submitted your Form I-485. We are writing to inform you that we need more information from you to make a decision on your case. Please read this letter carefully and follow all of the instructions below.

What You Need To Do

You must provide the following information in order for us to make a final decision on your case. **Please include a copy of ALL pages of this letter with your response.**

- Form I-130A, Supplemental Information for Spouse Beneficiary, was not signed by the beneficiary.

The beneficiary, Abiola Adesida, on Form I-130 must submit a completed and signed I-130A. The latest edition of Form I-130A can be found at the USCIS website at www.uscis.gov.

- Based on the documents submitted with Form I-864, Affidavit of Support, for the petitioner, Latoric Johnson, the income did not meet 125% of the poverty guideline for the petitioner/sponsor's household size. Submit evidence from a qualifying joint sponsor.

The joint sponsor will need to submit:

- A completed and signed Form I-864 for the joint sponsor. All pages must be present and of the same revision date
- A copy of the joint sponsor's Federal income tax return for the most recent year
- A copy of the joint sponsor's supporting tax documents (W-2s, 1099s, Form 2555, and tax schedules) that you filed with your Federal income tax return

- Evidence of the joint sponsor's status as a United States citizen, United States National, or Lawful Permanent Resident

Note: The "Total Income" line on IRS Form 1040 is used to determine qualifying income for a sponsor, not the "Gross Receipts" from IRS Schedule C or C-EZ.

When You Need To Do It

You must send the requested information by mail to the address shown below by November 30, 2020.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, you must provide: (1) a copy of the original document in its foreign language; and (2) a full English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request.

Please include a copy of ALL pages of this letter with your response.

Submit your response with requested document(s), information, etc. to this address:

Regular Mail	Express Mail or Courier Deliveries
U.S. Department of Homeland Security	USCIS, Attention: Adjustment of Status
PO Box 648004	850 NW Chipman Rd
Lee's Summit, MO 64002	Lee's Summit, MO 64063

Please do not forget to include a copy of ALL pages of this letter with your response.

Sincerely,



Terri A. Robinson
Director
Officer: LA1735

USCIS Response to Coronavirus 2019 (COVID-19)



U.S. Citizenship
and Immigration
Services

Home > News > Alerts > USCIS Extends Flexibility for Responding to Agency Requests

USCIS Extends Flexibility for Responding to Agency Requests

Release Date : 09/11/2020

In response to the coronavirus (COVID-19) pandemic, U.S. Citizenship and Immigration Services is extending the flexibilities it announced on March 30, 2020, to assist applicants, petitioners, and requestors who are responding to certain:

- Requests for Evidence;
- Continuations to Request Evidence (N-14);
- Notices of Intent to Deny;
- Notices of Intent to Revoke;
- Notices of Intent to Rescind and Notices of Intent to Terminate regional investment centers;
- Motions to Reopen an N-400 Pursuant to 8 CFR 335.5, Receipt of Derogatory Information After Grant;
- Filing date requirements for Form N-336, Request for a Hearing on a Decision in Naturalization Proceedings (Under Section 336 of the INA); or
- Filing date requirements for Form I-290B, Notice of Appeal or Motion.

Notice/Request/Decision Issuance Date:

This flexibility applies to the above documents if the issuance date listed on the request, notice, or decision is between March 1, 2020, and Jan. 1, 2021, inclusive.

Response Due Date:

USCIS will consider a response to the above requests and notices received within 60 calendar days after the response due date set in the request or notice before taking any action. Additionally, we will consider a Form N-336 or Form I-290B received up to 60 calendar days from the date of the decision before we take any action.

We are adopting several measures to protect our workforce and community and to minimize the immigration consequences for those seeking immigration benefits during this time.



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ N / A

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Griggs., Esq.

2.b. Given Name (First Name) Natalie

2.c. Middle Name L.

Address of Attorney or Accredited Representative

3.a. Street Number and Name 55 Ivan Allen Jr. Blvd.

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 830

3.c. City or Town Atlanta

3.d. State GA 3.e. ZIP Code 30308

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number (404) 522-1852

5. Mobile Telephone Number (if any) N/A

6. Email Address (if any) natalie@foglelaw.com

7. Fax Number (if any) (470) 592-6989

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Supreme Court of Georgia

1.b. Bar Number (if applicable)

GA 119542

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

The Fogle Law Firm, LLC Atlanta

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-130 and I-864
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ N / A
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Johnson
- 6.b. Given Name (First Name) Latoric
- 6.c. Middle Name Latrice
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ N / A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- N / A

Client's Contact Information

10. Daytime Telephone Number
(561) 827-1919
11. Mobile Telephone Number (if any)
(561) 827-1919
12. Email Address (if any)
latoric.johnson@aidatlanta.org

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 3460 Kingsboro Rd NE
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr. 342
- 13.c. City or Town Atlanta
- 13.d. State GA 13.e. ZIP Code 30326
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country
United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

Natalie A. Krige

1.b. Date of Signature (mm/dd/yyyy)

12/11/2020

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d. N/A

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. N/A

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. N/A

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. N/A

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. N/A





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ N / A

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Griggs., Esq.
2.b. Given Name (First Name) Natalie
2.c. Middle Name L.

Address of Attorney or Accredited Representative

3.a. Street Number and Name 55 Ivan Allen Jr. Blvd.
3.b. ☐ Apt. ☒ Ste. ☐ Flr. 830
3.c. City or Town Atlanta
3.d. State GA 3.e. ZIP Code 30308
3.f. Province N/A
3.g. Postal Code N/A
3.h. Country United States

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number (404) 522-1852
5. Mobile Telephone Number (if any) N/A
6. Email Address (if any) natalie@foglelaw.com
7. Fax Number (if any) (470) 592-6989

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Supreme Court of Georgia

1.b. Bar Number (if applicable)

GA 119542

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

The Fogle Law Firm, LLC Atlanta

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-130A, I-485 and I-765
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ N / A
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Adesida
- 6.b. Given Name (First Name) Abiola
- 6.c. Middle Name Adefemi
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ N / A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- 2 1 9 0 8 7 6 0 0

Client's Contact Information

10. Daytime Telephone Number
(404) 453-9202
11. Mobile Telephone Number (if any)
(404) 453-9202
12. Email Address (if any)
AdesidaAbiola@outlook.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 3460 Kingsboro Rd NE
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr. 342
- 13.c. City or Town Atlanta
- 13.d. State GA 13.e. ZIP Code 30326
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country
United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

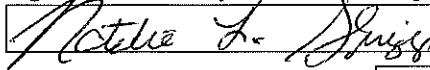
➔ 

2.b. Date of Signature (mm/dd/yyyy) 10-6-2023

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy)

12/11/2020

2.a. Signature of Law Student or Law Graduate



2.b. Date of Signature (mm/dd/yyyy)





Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d. N/A

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. N/A

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. N/A

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. N/A

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. N/A





Supplemental Information for Spouse Beneficiary

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2021

To be completed by an attorney or accredited representative (if any).

<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any)	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)	
	N/A	GA 119542	N	/ A

▶ **START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)

▶ A- 2 1 9 0 8 7 6 0 0

5.a. Date From (mm/dd/yyyy)

08/2020

5.b. Date To (mm/dd/yyyy)

PRESENT

Physical Address 2

6.a. Street Number and Name

4060 Janice Dr

6.b. ☒ Apt. ☐ Ste. ☐ Flr.

B11

6.c. City or Town

Atlanta

6.d. State

GA

6.e. ZIP Code

30344

6.f. Province

N/A

6.g. Postal Code

N/A

6.h. Country

United States

7.a. Date From (mm/dd/yyyy)

10/2019

7.b. Date To (mm/dd/yyyy)

08/2020

Your Full Name

3.a. Family Name (Last Name)

Adesida

3.b. Given Name (First Name)

Abiola

3.c. Middle Name

Adefemi

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name

3460 Kingsboro Rd NE

4.b. ☒ Apt. ☐ Ste. ☐ Flr.

342

4.c. City or Town

Atlanta

4.d. State

GA

4.e. ZIP Code

30326

4.f. Province

N/A

4.g. Postal Code

N/A

4.h. Country

United States

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name

10 Akure Owo Express way

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

8.c. City or Town

Abo, Akure

8.d. Province

Ondo State

8.e. Postal Code

N/A

8.f. Country

Nigeria

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 12/25/1976

9.b. Date To (mm/dd/yyyy) 02/11/2015

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) Adedipe

10.b. Given Name (First Name) Olayemi

10.c. Middle Name Florence

11. Date of Birth (mm/dd/yyyy) 09/30/1940

12. Sex ☐ Male ☒ Female

13. City/Town/Village of Birth Akure

14. Country of Birth Nigeria

15. City/Town/Village of Residence Akure

16. Country of Residence Nigeria

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) Adesida

17.b. Given Name (First Name) Adelanke

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 03/23/1950

19. Sex ☒ Male ☐ Female

20. City/Town/Village of Birth Akure

21. Country of Birth Nigeria

22. City/Town/Village of Residence Deceased

23. Country of Residence Deceased

Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Employment History**Employer 1**

1. Name of Employer/Company
Unemployed

2.a. Street Number and Name N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town N/A

2.d. State N/A 2.e. ZIP Code N/A

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country N/A

3. Your Occupation N/A

4.a. Date From (mm/dd/yyyy) 02/11/2015

4.b. Date To (mm/dd/yyyy) Present

Employer 2

5. Name of Employer/Company
N/A

6.a. Street Number and Name N/A

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town N/A

6.d. State N/A 6.e. ZIP Code N/A

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country N/A

Part 2. Information About Your Employment
(continued)

7. Your Occupation

N/A

8.a. Date From (mm/dd/yyyy)

N/A

8.b. Date To (mm/dd/yyyy)

N/A

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in Part 7.

Additional Information.

1. Name of Employer/Company

Iju-Itaogbolu Local Government

2.a. Street Number and Name

N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

2.c. City or Town

Iju-Itaogbolu

2.d. State

N/A

2.e. ZIP Code

N/A

2.f. Province

Ondo State

2.g. Postal Code

N/A

2.h. Country

Nigeria

3. Your Occupation

Administrator/Bursar

4.a. Date From (mm/dd/yyyy)

07/10/2013

4.b. Date To (mm/dd/yyyy)

01/25/2015

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☐ The interpreter named in **Part 5**, read to me every question and instruction on this form and my answer to every question in

N/A

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 6**,

Natalie Groggs, Esq.

prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number

(404) 453-9202

4. Spouse Beneficiary's Mobile Telephone Number (if any)

(404) 453-9202

5. Spouse Beneficiary's Email Address (if any)

AdesidaAbiola@outlook.com

Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)



6.b. Date of Signature (mm/dd/yyyy)

10-6-2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)

N/A

- 1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

- 3.a. Street Number and Name

N/A

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

- 3.c. City or Town

N/A

- 3.d. State

N/A

- 3.e. ZIP Code

N/A

- 3.f. Province

N/A

- 3.g. Postal Code

N/A

- 3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language provided in **Part 4, Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)

N/A

- 7.b. Date of Signature (mm/dd/yyyy)

N/A

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)

Griggs., Esq.

- 1.b. Preparer's Given Name (First Name)

Natalie

2. Preparer's Business or Organization Name (if any)

The Fogle Law Firm, LLC Atlanta

Preparer's Mailing Address

- 3.a. Street Number and Name

55 Ivan Allen Jr. Blvd.

- 3.b. ☐ Apt. ☒ Ste. ☐ Flr.

830

- 3.c. City or Town

Atlanta

- 3.d. State

GA

- 3.e. ZIP Code

30308

- 3.f. Province

N/A

- 3.g. Postal Code

N/A

- 3.h. Country

United States

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

(404) 522-1852

5. Preparer's Mobile Telephone Number (if any)

N/A

6. Preparer's Email Address (if any)

natalie@foglelaw.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case ☒ extends ☐ does not extend beyond the preparation of this form.

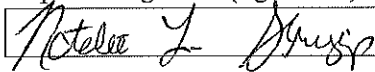
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy)

12/11/2020

Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. 3106 Rainbow Forest Cir, Apartment D, Decatur,
GA 30034
From 10/2016 to 01/2018

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. 1113 W Shore Dr, Riverdale, GA 30296
From: 03/2019 to 10/2019

1146 Summerbrook Rd, East College Park, GA
30349
From: 01/2018 to 03/2019

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. 750 Chateau Ln, Riverdale, GA 30274
From 02/2016 to 10/2016

330 Arrowhead Blvd Apt 11E,
Jonesboro, GA 30236
From 02/12/2015 to 02/2016

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____



Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2021

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)																		
		GA 119542	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

- I, Latoric L. Johnson,
am the sponsor submitting this affidavit of support because
(Select **only one** box):
- 1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.
- 1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my
N/A
- 1.c. ☐ I have an ownership interest of at least 5 percent in
N/A
which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my
N/A
- 1.d. ☐ I am the only joint sponsor.
- 1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.
- 1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's
N/A

NOTE: If you are filing this form as a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About the Principal Immigrant

- 1.a. Family Name (Last Name) Adesida
- 1.b. Given Name (First Name) Abiola
- 1.c. Middle Name Adefemi

Mailing Address (USPS ZIP Code Lookup)

- 2.a. In Care Of Name Abiola A. Adesida
- 2.b. Street Number and Name 3460 Kingsboro Rd NE
- 2.c. ☒ Apt. ☐ Ste. ☐ Flr. 342
- 2.d. City or Town Atlanta
- 2.e. State GA 2.f. ZIP Code 30326
- 2.g. Province N/A
- 2.h. Postal Code N/A
- 2.i. Country United States

Other Information

3. Country of Citizenship or Nationality Nigeria
4. Date of Birth (mm/dd/yyyy) 12/25/1976
5. Alien Registration Number (A-Number) (if any)
► A-

2	1	9	0	8	7	6	0	0
---	---	---	---	---	---	---	---	---
6. USCIS Online Account Number (if any)
►

N	/	A																	
---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
7. Daytime Telephone Number (404) 453-9202

Part 3. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 2**.
☒ Yes ☐ No (Applicable only if you are sponsoring family members in **Part 3**, as the second joint sponsor or if you are sponsoring family members who are immigrating more than six months after the principal immigrant)
2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2**. (Do not include any relative listed on a separate visa petition.)
3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant.

Family Member 1

- 4.a. Family Name (Last Name) N/A
- 4.b. Given Name (First Name) N/A
- 4.c. Middle Name N/A
5. Relationship to Principal Immigrant
N/A
6. Date of Birth (mm/dd/yyyy) N/A
7. Alien Registration Number (A-Number) (if any)
 ▶ A- N / A
8. USCIS Online Account Number (if any)
 ▶ N / A

Family Member 2

- 9.a. Family Name (Last Name) N/A
- 9.b. Given Name (First Name) N/A
- 9.c. Middle Name N/A
10. Relationship to Principal Immigrant
N/A
11. Date of Birth (mm/dd/yyyy) N/A
12. Alien Registration Number (A-Number) (if any)
 ▶ A- N / A
13. USCIS Online Account Number (if any)
 ▶ N / A

Family Member 3

- 14.a. Family Name (Last Name) N/A
- 14.b. Given Name (First Name) N/A
- 13.c. Middle Name N/A
15. Relationship to Principal Immigrant
N/A
16. Date of Birth (mm/dd/yyyy) N/A
17. Alien Registration Number (A-Number) (if any)
 ▶ A- N / A
18. USCIS Online Account Number (if any)
 ▶ N / A

Family Member 4

- 19.a. Family Name (Last Name) N/A
- 19.b. Given Name (First Name) N/A
- 19.c. Middle Name N/A
20. Relationship to Principal Immigrant
N/A
21. Date of Birth (mm/dd/yyyy) N/A
22. Alien Registration Number (A-Number) (if any)
 ▶ A- N / A
23. USCIS Online Account Number (if any)
 ▶ N / A

Family Member 5

- 24.a. Family Name (Last Name) N/A
- 24.b. Given Name (First Name) N/A
- 24.c. Middle Name N/A
25. Relationship to Principal Immigrant
N/A
26. Date of Birth (mm/dd/yyyy) N/A
27. Alien Registration Number (A-Number) (if any)
 ▶ A- N / A
28. USCIS Online Account Number (if any)
 ▶ N / A

Part 3. Information About the Immigrants You Are Sponsoring (continued)

29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 2.**, any immigrants listed in **Part 3., Item Numbers 1. - 28.** and (if applicable), any immigrants listed for these questions in **Part 11. Additional Information.** Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.

1

Part 4. Information About You (Sponsor)**Sponsor's Full Name**

1.a. Family Name (Last Name) Johnson

1.b. Given Name (First Name) Latoric

1.c. Middle Name Latrice

Sponsor's Mailing Address

2.a. In Care Of Name

Latoric L. Johnson

2.b. Street Number and Name 3460 Kingsboro Rd NE

2.c. ☒ Apt. ☐ Ste. ☐ Flr. 342

2.d. City or Town Atlanta

2.e. State GA 2.f. ZIP Code 30326

2.g. Province N/A

2.h. Postal Code N/A

2.i. Country

United States

3. Is your current mailing address the same as your physical address? ☒ Yes ☐ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Numbers 4.a. - 4.h.**

Sponsor's Physical Address

4.a. Street Number and Name Same as Mailing

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town N/A

4.d. State N/A 4.e. ZIP Code N/A

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country

N/A

Other Information

5. Country of Domicile

United States

6. Date of Birth (mm/dd/yyyy)

12/20/1977

7. City or Town of Birth

Fort Lauderdale

8. State or Province of Birth

Florida

9. Country of Birth

United States

10. U.S. Social Security Number (Required)

▶ 2 6 3 8 9 4 9 3 4

Citizenship or Residency

11.a. ☒ I am a U.S. citizen,11.b. ☐ I am a U.S. national.11.c. ☐ I am a lawful permanent resident.

12. Sponsor's A-Number (if any)

▶ A- N / A

13. Sponsor's USCIS Online Account Number (if any)

▶ N / A

Military Service (To be completed by petitioner sponsors only.)

14. I am currently on **active duty** in the U.S. Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

For
USCIS
Use
Only

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Provide the number you entered in **Part 3., Item Number 29.**

Persons NOT sponsored in this affidavit:

2. Yourself.
3. If you are currently married, enter "1" for your spouse.
4. If you have dependent children, enter the number here.
5. If you have any other dependents, enter the number here.
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents, enter the number here.
7. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.
8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here.

Household Size:

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an
2. Name of Employer 1
3. Name of Employer 2 (if applicable)
4. ☒ Self-Employed as a/an (Occupation)

5. ☐ Retired Since (mm/dd/yyyy)
6. ☐ Unemployed Since (mm/dd/yyyy)
7. My current individual annual income is:

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

Person 1

8. Name
9. Relationship
10. Current Income \$

Person 2

11. Name
12. Relationship
13. Current Income \$

Person 3

14. Name
15. Relationship
16. Current Income \$

Person 4

17. Name
18. Relationship
19. Current Income \$

For USCIS Use Only	Household Size			Poverty Guideline	Remarks
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Year: <u>20</u>	
	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	Poverty Line:	
	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	\$	
	<input type="checkbox"/> Other _____				

Part 6. Sponsor's Employment and Income
 (continued)

20. **My Current Annual Household Income** (Total all lines from **Part 6, Item Numbers 7., 10., 13., 16., and 19.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.)

\$ 50,000.00

21. ☐ The people listed in **Item Numbers 8., 11., 14., and 17.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

22. ☐ One or more of the people listed in **Item Numbers 8., 11., 14., and 17.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.

Name

N/A

Federal Income Tax Return Information

23.a. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.

23.b. ☐ (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

My total income (adjusted gross income on Internal Revenue Service (IRS) Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
24.a. Most Recent	2019	\$ <u>19,205.00</u>
24.b. 2nd Most Recent	2018	\$ <u>18,650.00</u>
24.c. 3rd Most Recent	2017	\$ <u>15,908.00</u>

25. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

Part 7. Use of Assets to Supplement Income
 (Optional)

If your income, or the total income for you and your household, from **Part 6, Item Numbers 20. or 24.a. - 24.c.**, exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (Optional)

1. Enter the balance of all savings and checking accounts.

\$ N/A

2. Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)

\$ N/A

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1. or Item Number 2.**

\$ N/A

4. Add together **Item Numbers 1. - 3.** and enter the number here.

TOTAL: \$ N/A

Assets from Form I-864A, Part 4., Item Number 3.d., for:

5.a. Name of Relative

N/A

5.b. Your household member's assets from Form I-864A (optional).

\$ N/A

Assets of the principal sponsored immigrant (optional).

The principal sponsored immigrant is the person listed in **Part 2., Item Numbers 1.a. - 1.c.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6. Enter the balance of the principal immigrant's savings and checking accounts.

\$ N/A

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)

\$ N/A

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6. or Item Number 7.**

\$ N/A

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income (Page 5, Line 10)	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u>	\$ _____	
	Poverty Line: \$ _____	<i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i>		

Part 7. Use of Assets to Supplement Income (Optional) (continued)

9. Add together **Item Numbers 6. - 8.** and enter the number here. \$ N/A

Total Value of Assets

10. Add together **Item Numbers 4., 5.b., and 9.** and enter the number here.

TOTAL: \$ N/A

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief, services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

Sponsor's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit, and my answer to every question.

- 1.b. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in

N/A

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**,
Natalie Griggs., Esq.
prepared this affidavit for me based only upon information I provided or authorized

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

(561) 827-1919

4. Sponsor's Mobile Telephone Number (if any)

(561) 827-1919

5. Sponsor's Email Address (if any)

latoric.johnson@aidatlanta.org

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3.** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.

Sponsor's Signature

6.a. Sponsor's Signature

6.b. Date of Signature (mm/dd/yyyy)

12/7/2020

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

N/A

which is the same language specified in **Part 8., Item Number 1.b.**; and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

N/A

7.b. Date of Signature (mm/dd/yyyy)

N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

Griggs, Esq.

1.b. Preparer's Given Name (First Name)

Natalie

2. Preparer's Business or Organization Name (if any)

The Fogle Law Firm, LLC Atlanta

Preparer's Mailing Address

3.a. Street Number and Name 55 Ivan Allen Jr. Blvd.

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 830

3.c. City or Town Atlanta

3.d. State GA 3.e. ZIP Code 30308

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country

United States

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

(404) 522-1852

5. Preparer's Mobile Telephone Number (if any)

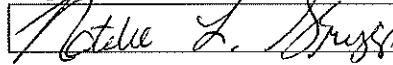
N/A

6. Preparer's Email Address (if any)

natalie@foglelaw.com

Preparer's Statement7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.7.b. ☒ I am an attorney or accredited representative and my representation of the sponsor in this case ☒ extends ☐ does not extend beyond the preparation of this affidavit.**NOTE:** If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.**Preparer's Certification**By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.**Preparer's Signature**

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy)

12/11/22

Part 11. Additional Information

If you need extra space to provide any additional information within this affidavit, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)

▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

VQK 500549 131143 FTNON 0000250029 1

Earnings Statement

AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Period Beginning: 05/31/2020
Period Ending: 06/13/2020
Pay Date: 06/19/2020

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0, Tax Blocked
GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
4300 FLAT SHOALS RD
UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	76.80	1,609.73	18,947.63
Other Earnings	20.9600	2.00	41.92	41.92
Overtime				43.69
Holiday				838.40
Sick				503.04
Spec. Payment				500.00
Vacation				586.88
Gross Pay			\$1,651.65	21,461.56

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		6.16
Vac Balance		20.64

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 323-860-5200

BASIS OF PAY: HOURLY

Deductions	Statutory		
	Social Security Tax	-102.41	1,330.62
	Medicare Tax	-23.95	311.19
	Other		
	401K	-49.55*	643.84
	Net Pay	\$1,475.74	
	Checking	-1,475.74	19,175.91
	Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,602.10

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AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Advice number: 00000250029
Pay date: 06/19/2020

Deposited to the account of	account number	transit ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx xxxx	\$1,475.74

THIS IS NOT A CHECK

NON-NEGOTIABLE

VQK 500549 131143 FTNON 0000270030 1

Earnings Statement

AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Period Beginning: 06/14/2020
Period Ending: 06/27/2020
Pay Date: 07/02/2020

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0, Tax Blocked
GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
4300 FLAT SHOALS RD
UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	69.72	1,461.33	20,408.96
Vacation	20.9600	8.00	167.68	754.56
Overtime				43.69
Holiday				838.40
Other Earnings				41.92
Sick				503.04
Spec. Payment				500.00
Gross Pay			\$1,629.01	23,090.57

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		8.93
Vac Balance		15.72

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 323-860-5200

BASIS OF PAY: HOURLY

Deductions	Statutory	Other	Net Pay	Checking	Net Check
Social Security Tax	-101.00				
Medicare Tax	-23.62				
401K		-48.87*			
Net Pay			\$1,455.52		
Checking				-1,455.52	
Net Check					\$0.00

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$1,580.14

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AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Advice number: 00000270030
Pay date: 07/02/2020

Deposited to the account of	account number	transit	ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx	xxxx	\$1,455.52

THIS IS NOT A CHECK

NON-NEGOTIABLE

VQK 500549 131143 FTNON 0000290030 1

Earnings Statement

AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Period Beginning: 06/28/2020
Period Ending: 07/11/2020
Pay Date: 07/17/2020

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0, Tax Blocked
GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
4300 FLAT SHOALS RD
UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	55.00	1,152.80	21,561.76
Holiday	20.9600	8.00	167.68	1,006.08
Sick	20.9600	8.00	167.68	670.72
Vacation	20.9600	9.00	188.64	943.20
Overtime				43.69
Other Earnings				41.92
Spec. Payment				500.00
Gross Pay			\$1,676.80	24,767.37

Your federal taxable wages this period are
\$1,570.77

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		3.70
Vac Balance		17.80

Deductions	Statutory		
	Social Security Tax	-100.50	1,532.12
	Medicare Tax	-23.51	358.32
	Other		
	AetnaCHILD	-0.92	0.92
	AetnaLIFE	-7.11	7.11
	Dhmo	-2.19	
	EPO-AETNA	-55.73*	55.73
	401K	-50.30*	743.01
	Net Pay	\$1,436.54	
	Checking	-1,436.54	22,067.97
	Net Check	\$0.00	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 323-860-5200

BASIS OF PAY: HOURLY

* Excluded from federal taxable wages

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AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Advice number: 00000290030
Pay date: 07/17/2020

Deposited to the account of	account number	transit	ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx	xxxx	\$1,436.54

THIS IS NOT A CHECK

NON-NEGOTIABLE

VQK 500549 131143 FTNON 0000330035 1

Earnings Statement

AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Period Beginning: 07/26/2020
Period Ending: 08/08/2020
Pay Date: 08/14/2020

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0, Tax Blocked
GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
4300 FLAT SHOALS RD
UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	73.28	1,535.95	23,826.07
Sick	20.9600	3.00	62.88	796.48
Vacation	20.9600	3.00	62.88	1,362.40
Overtime				43.69
Holiday				1,006.08
Other Earnings				41.92
Spec. Payment				500.00
Gross Pay			\$1,661.71	27,576.64

Your federal taxable wages this period are
\$1,556.13

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		3.24
Vac Balance		3.96

Deductions	Statutory		
	Social Security Tax	-99.57	1,699.39
	Medicare Tax	-23.29	397.44
	Other		
	AetnaCHILD	-0.92	2.76
	AetnaLIFE	-7.11	21.33
	Dhmo	-2.19	
	EPO-AETNA	-55.73*	167.19
	401K	-49.85*	827.29
	Net Pay	\$1,423.05	
	Checking	-1,423.05	24,454.67
	Net Check	\$0.00	

Important Notes

YOUR COMPANY'S PHONE NUMBER IS 323-860-5200

BASIS OF PAY: HOURLY

* Excluded from federal taxable wages

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AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Advice number: 00000330035
Pay date: 08/14/2020

Deposited to the account of	account number	transit ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx xxxx	\$1,423.05

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Period Beginning: 07/26/2020
 Period Ending: 08/08/2020
 Pay Date: 08/14/2020

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0, Tax Blocked
 GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
 4300 FLAT SHOALS RD
 UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Spec. Payment			1,000.00	1,500.00
Regular				23,826.07
Overtime				43.69
Holiday				1,006.08
Other Earnings				41.92
Sick				796.48
Vacation				1,362.40
Gross Pay			\$1,000.00	28,576.64

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		3.24
Vac Balance		3.96

Important Notes
 YOUR COMPANY'S PHONE NUMBER IS 323-860-5200

BASIS OF PAY: HOURLY

Deductions	Statutory		
	Social Security Tax	-62.00	1,761.39
	Medicare Tax	-14.50	411.94
	Other		
	401K	-30.00*	857.29
	AetnaCHILD		2.76
	AetnaLIFE		21.33
	EPO-AETNA		167.19
	Net Pay	\$893.50	
	Checking	-893.50	25,348.17
	Net Check	\$0.00	

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$970.00

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AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Advice number: 00000330036
 Pay date: 08/14/2020

Deposited to the account of	account number	transit	ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx	xxxx	\$893.50

THIS IS NOT A CHECK

NON-NEGOTIABLE

5W0 500549 131143 FTNON 0000350028 1

Earnings Statement

AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Period Beginning: 08/09/2020
Period Ending: 08/22/2020
Pay Date: 08/28/2020

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0, Tax Blocked
GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
4300 FLAT SHOALS RD
UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	76.23	1,597.78	25,423.85
Sick	20.9600	3.00	62.88	859.36
Overtime				43.69
Holiday				1,006.08
Other Earnings				41.92
Spec. Payment				1,500.00
Vacation				1,362.40
Gross Pay			\$1,660.66	30,237.30

Your federal taxable wages this period are
\$1,555.11

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		3.01
Vac Balance		7.04

Deductions	Statutory		
	Social Security Tax	-99.50	1,860.89
	Medicare Tax	-23.27	435.21
	Other		
	AetnaCHILD	-0.92	3.68
	AetnaLIFE	-7.11	28.44
	Dhmo	-2.19	
	EPO-AETNA	-55.73*	222.92
	401K	-49.82*	907.11
	Net Pay	\$1,422.12	
	Checking	-1,422.12	26,770.29
	Net Check	\$0.00	

Important Notes

EMPLOYER BUSINESS PHONE# 323-860-5284

BASIS OF PAY: HOURLY

* Excluded from federal taxable wages

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AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Advice number: 00000350028
Pay date: 08/28/2020

Deposited to the account of	account number	transit ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx xxxx	\$1,422.12

THIS IS NOT A CHECK

NON-NEGOTIABLE



AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Period Beginning: 08/23/2020
 Period Ending: 09/05/2020
 Pay Date: 09/11/2020

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0, Tax Blocked
 GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
 4300 FLAT SHOALS RD
 UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Spec. Payment			2,000.00	3,500.00
Regular				26,752.09
Overtime				47.78
Holiday				1,006.08
Other Earnings				41.92
Sick				922.24
Vacation				1,509.12
Gross Pay			\$2,000.00	34,779.23

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		2.78
Vac Balance		11.12

Important Notes

EMPLOYER BUSINESS PHONE# 323-860-5284

BASIS OF PAY: HOURLY

Deductions	Statutory		
Social Security Tax	-124.00	2,139.04	
Medicare Tax	-29.00	500.26	
Other			
401K	-60.00*	1,043.37	
AetnaCHILD		4.60	
AetnaLIFE		35.55	
EPO-AETNA		278.65	
Net Pay	\$1,787.00		
Checking	-1,787.00	30,766.81	
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are
 \$1,940.00

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AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Advice number: 00000370039
 Pay date: 09/11/2020

Deposited to the account of	account number	transit	ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx	xxxx	\$1,787.00

THIS IS NOT A CHECK

NON-NEGOTIABLE



AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Period Beginning: 08/23/2020
 Period Ending: 09/05/2020
 Pay Date: 09/11/2020

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0, Tax Blocked
 GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
 4300 FLAT SHOALS RD
 UNION CITY GA 30291

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Child Care			1,000.00				
Regular				26,752.09	401K Match Total		500.00
Overtime				47.78	Sick Balance		2.78
Holiday				1,006.08	Vac Balance		11.12
Other Earnings				41.92			
Sick				922.24			
Spec. Payment				1,500.00			
Vacation				1,509.12			
Gross Pay			\$1,000.00	32,779.23			

Deductions	Statutory		
	Social Security Tax	-62.00	2,015.04
	Medicare Tax	-14.50	471.26
	Other		
	401K	-30.00*	983.37
	AetnaCHILD		4.60
	AetnaLIFE		35.55
	EPO-AETNA		278.65
	Net Pay	\$893.50	
	Checking	-893.50	28,979.81
	Net Check	\$0.00	

Important Notes
 EMPLOYER BUSINESS PHONE# 323-860-5284
 BASIS OF PAY: HOURLY

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$970.00

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AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Advice number: 00000370038
 Pay date: 09/11/2020

Deposited to the account of	account number	transit ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx xxxx	\$893.50

THIS IS NOT A CHECK

NON-NEGOTIABLE

5W0 500549 131143 FTNON 0000370037 1

Earnings Statement



AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Period Beginning: 08/23/2020
Period Ending: 09/05/2020
Pay Date: 09/11/2020

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 0, Tax Blocked
GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
4300 FLAT SHOALS RD
UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	63.37	1,328.24	26,752.09
Overtime	31.4400	.13	4.09	47.78
Sick	20.9600	3.00	62.88	922.24
Vacation	20.9600	7.00	146.72	1,509.12
Holiday				1,006.08
Other Earnings				41.92
Spec. Payment				1,500.00
Gross Pay			\$1,541.93	31,779.23

Your federal taxable wages this period are
\$1,439.94

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		2.78
Vac Balance		11.12

Deductions	Statutory		
	Social Security Tax	-92.15	1,953.04
	Medicare Tax	-21.55	456.76
	Other		
	AetnaCHILD	-0.92	4.60
	AetnaLIFE	-7.11	35.55
	Dhmo	-2.19	
	EPO-AETNA	-55.73*	278.65
	401K	-46.26*	953.37
	Net Pay	\$1,316.02	
	Checking	-1,316.02	28,086.31
	Net Check	\$0.00	

Important Notes

EMPLOYER BUSINESS PHONE# 323-860-5284

BASIS OF PAY: HOURLY

* Excluded from federal taxable wages

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AID ATLANTA INC
1605 PEACHTREE ST NE
ATLANTA, GA 30309

Advice number: 00000370037
Pay date: 09/11/2020

Deposited to the account of	account number	transit ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx xxxx	\$1,316.02

THIS IS NOT A CHECK

NON-NEGOTIABLE

Earnings Statement



AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Period Beginning: 09/06/2020
 Period Ending: 09/19/2020
 Pay Date: 09/25/2020

Taxable Marital Status: Single
 Exemptions/Allowances:
 Federal: 0, Tax Blocked
 GA: 0, Tax Blocked

LATORIC LATRICE JOHNSON
 4300 FLAT SHOALS RD
 UNION CITY GA 30291

Earnings	rate	hours	this period	year to date
Regular	20.9600	65.02	1,362.82	28,114.91
Holiday	20.9600	8.00	167.68	1,173.76
Vacation	20.9600	6.00	125.76	1,634.88
Overtime				47.78
Other Earnings				41.92
Sick				922.24
Spec. Payment				3,500.00
Gross Pay			\$1,656.26	36,435.49

Your federal taxable wages this period are
 \$1,550.84

Other Benefits and Information	this period	total to date
401K Match Total		500.00
Sick Balance		5.55
Vac Balance		8.20

Deductions	Statutory		
	Social Security Tax	-99.23	2,238.27
	Medicare Tax	-23.21	523.47
	Other		
	AetnaCHILD	-0.92	5.52
	AetnaLIFE	-7.11	42.66
	Dhmo	-2.19	
	EPO-AETNA	-55.73*	334.38
	401K	-49.69*	1,093.06
	Net Pay	\$1,418.18	
	Checking	-1,418.18	32,184.99
	Net Check	\$0.00	

Important Notes

EMPLOYER BUSINESS PHONE# 323-860-5284

BASIS OF PAY: HOURLY

* Excluded from federal taxable wages

© 2020 ADP, LLC

AID ATLANTA INC
 1605 PEACHTREE ST NE
 ATLANTA, GA 30309

Advice number: 00000390029
 Pay date: 09/25/2020

Deposited to the account of	account number	transit ABA	amount
LATORIC LATRICE JOHNSON	xxxxxx2899	xxxx xxxx	\$1,418.18

THIS IS NOT A CHECK

NON-NEGOTIABLE

AFFIDAVIT

PERSONALLY appeared before the undersigned officer, duly authorized to administer oaths, the undersigned affiant who after being sworn, deposes and states the following:

1.

My name is Laticia Johnson. I am over the age of eighteen years old and under no disabilities either artificial or natural.

I reside at 3460 Kingsboro Rd NE Apt 342 • ATL, GA 30326. I am a native 30326 and citizen of United State of America

3.

I was married in 2018 currently
employer hasn't updated; however,
corrections would be effective
immediately.

This 6 of October 2020.

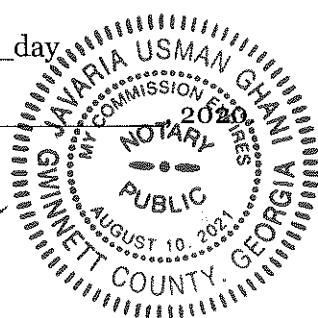
Signature

Sworn to and subscribed

before me this the 6th day

of October

[Signature]
NOTARY PUBLIC



Form	1040	Department of the Treasury-Internal Revenue Service	(99)	2019	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space.
U.S. Individual Income Tax Return						

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS)
☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial LATORIC L	Last name JOHNSON	Your social security number 263-89-4934
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 4300 FLAT SHOALS RD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Union City, GA 30291		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	
If more than four dependents, see inst. & check here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind
 Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AHMAD	KELSON	771-09-4626	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AMIR	KELSON	769-32-5446	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARMANI	KELSON	769-32-5445	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	11,012
Standard Deduction • Single or Married filing separately, \$12,200 • Married filing jointly or Qualifying widow(er), \$24,400 • Head of household, \$18,350 • If you checked any box under Standard Deduction, see instructions.	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	c Pensions and annuities	4c	
	5a Social security benefits	5a	
	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	6	
	7a Other income from Schedule 1, line 9	7a	8,472
	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	19,484
	8a Adjustments to income from Schedule 1, line 22	8a	279
	b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	19,205
9 Standard deduction or itemized deductions (from Schedule A)	9	18,350	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A. . .	10	171	
11a Add lines 9 and 10	11a	18,521	
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	684	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
 EEA

Form 1040 (2019)

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____ **12a** 69**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 69**13a** Child tax credit or credit for other dependents **13a** 69**b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 69**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 0**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 558**16** Add lines 14 and 15. This is your **total tax** **16** 558**17** Federal income tax withheld from Forms W-2 and 1099 **17****18** Other payments and refundable credits:

• If you have a qualifying child, attach Sch. EIC.

• If you have nontaxable combat pay, see instructions.

a Earned income credit (EIC) **18a** 6,515**b** Additional child tax credit. Attach Schedule 8812 **18b** 1,827**c** American opportunity credit from Form 8863, line 8 **18c****d** Schedule 3, line 14. **18d****e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e** 8,342**19** Add lines 17 and 18e. These are your **total payments** **19** 8,342**Refund 20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20** 7,784**21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a** 7,784Direct deposit? **b** Routing number 2 9 1 4 7 1 0 2 4 **c** Type: ☒ Checking ☐ SavingsSee instructions. **d** Account number 2 2 0 9 1 0 0 2 6 3 8 9 4 9 3 4 7**22** Amount of line 20 you want **applied to your 2020 estimated tax**. **22****Amount You Owe 23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions. **23** 0**24** Estimated tax penalty (see instructions) **24****Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below.☐ No

(Other than paid preparer)

Designee's name

Phone no.

Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

04081**02-26-2020****CASE MANAGER**

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. **404-933-1692**

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

JEAN LACROIX**06-10-2020****P01212978**☒ 3rd Party DesigneePreparer's name **JEAN LACROIX**Phone no. **305-401-0431**☒ Self-employedFirm's name **DHL TAX SERVICE**Firm's address **6921 SW 28TH ST
Hollywood, FL 33023**

Firm's EIN

SCHEDULE 1

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

LATORIC L JOHNSON**263-89-4934**At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	3,950
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	4,522
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	8,472

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	279
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	279

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE 2

(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service**Additional Taxes**

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

LATORIC L JOHNSON**263-89-4934****Part I Tax**

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	558
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	558

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

EEA

SCHEDULE C
(Form 1040 or 1040-SR)**Profit or Loss From Business**

OMB No. 1545-0074

(Sole Proprietorship)

2019Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor

LATORIC L JOHNSON

Social security number (SSN)

263-89-4934**A** Principal business or profession, including product or service (see instructions)**DRIVER****B** Enter code from instructions**C** Business name, if no separate business name, leave blank.**DOOR DASH****D** Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.)**5825 GLENRIDGE DR BLDG 3 STE 295**

City, town or post office, state, and ZIP code

Atlanta, GA 30328**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here.**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099?☐ Yes ☐ No**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	3,950
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	3,950
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3.		5	3,950
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	3,950

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28	0
29 Tentative profit or (loss). Subtract line 28 from line 7	29	3,950

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____
and (b) the part of your home used for business: _____. Use the Simplified
Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

SCHEDULE SE
(Form 1040 or 1040-SR)**Self-Employment Tax**

OMB No. 1545-0074

2019Attachment
Sequence No. **17**Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

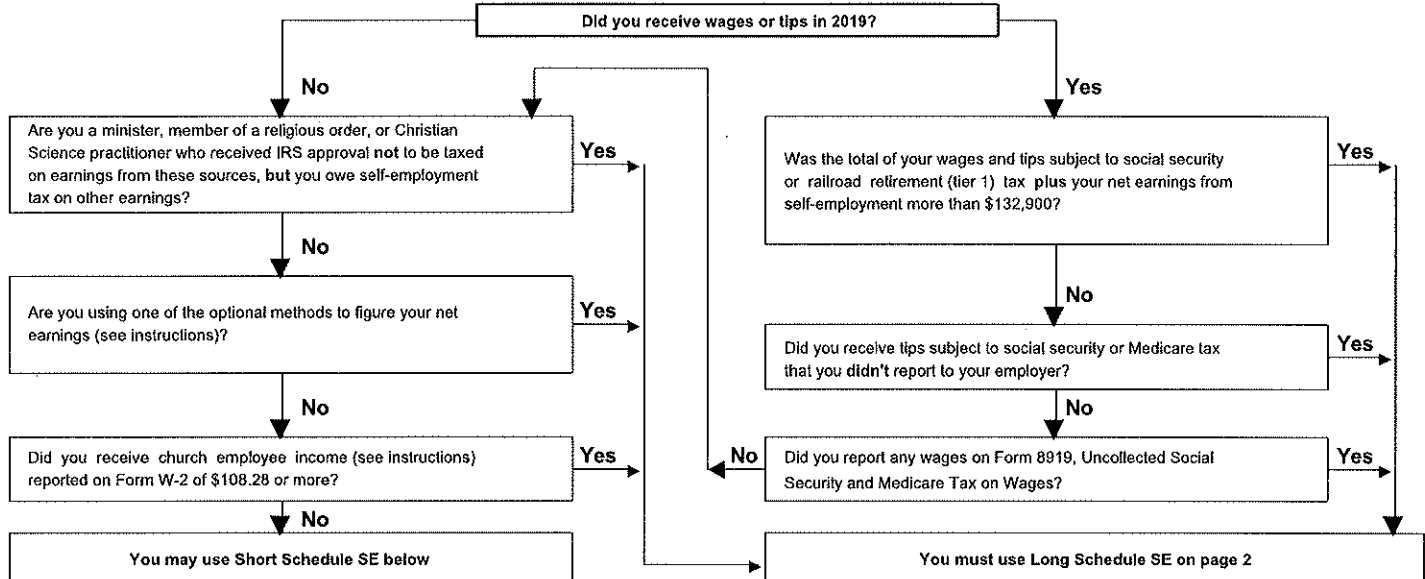
► Attach to Form 1040, 1040-SR, or 1040-NR.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

LATORIC L JOHNSON

Social security number of person

with self-employment income ►

263-89-4934**Before you begin:** To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note.** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A - Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b ()
2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	3,950
3 Combine lines 1a, 1b, and 2	3	3,950
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ►	4	3,648
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions		
5 Self-employment tax. If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	558
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	279

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040 or 1040-SR) 2019

SCHEDULE EIC
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Earned Income Credit**

Qualifying Child Information

OMB No. 1545-0074

2019Attachment
Sequence No. **43**

- **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- **Go to www.irs.gov/ScheduleEIC for the latest information.**

Name(s) shown on return

LATORIC L JOHNSON

Your social security number

263-89-4934

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

- You can't claim the EIC for a child who didn't live with you for more than half of the year.

CAUTION!

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3****1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

AMIR
KELSON

First name

Last name

ARMANI
KELSON

First name

Last name

AHMAD
KELSON**2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

769-32-5446

769-32-5445

771-09-4626

3 Child's year of birthYear 2004

If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year 2004

If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

Year 2002

If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.

- 4a** Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?

☐ Yes.☐ No.Go to
line 5.

Go to line 4b.

☐ Yes.☐ No.Go to
line 5.

Go to line 4b.

☐ Yes.☐ No.Go to
line 5.

Go to line 4b.

- b** Was the child permanently and totally disabled during any part of 2019?

☐ Yes.☐ No.Go to
line 5.The child is not a
qualifying child.☐ Yes.☐ No.Go to
line 5.The child is not a
qualifying child.☐ Yes.☐ No.Go to
line 5.The child is not a
qualifying child.**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

SON

SON

SON

6 Number of months child lived with you in the United States during 2019

- If the child lived with you for more than half of 2019 but less than 7 months, enter "7."

- If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."

12 months
Do not enter more than 12 months.

12 months
Do not enter more than 12 months.

12 months
Do not enter more than 12 months.

SCHEDULE 8812
(Form 1040 or 1040-SR)**Additional Child Tax Credit**

OMB No. 1545-0074

2019Attachment
Sequence No. **47**Department of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040, 1040-SR, or Form 1040-NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**

Name(s) shown on return

Your social security number

LATORIC L JOHNSON**263-89-4934****Part I All Filers****Caution:** If you file Form 2555; **stop here**; you cannot claim the additional child tax credit.

1 If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise:			
1040 and 1040-SR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a).	1	4,500
1040-NR filers:	Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).		
2 Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49		2	69
3 Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit		3	4,431
4 Number of qualifying children under 17 with the required social security number: <u>2</u> X \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit		4	2,800
TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.			
5 Enter the smaller of line 3 or line 4		5	2,800
6a	Earned income (see instructions)	6a	14,683
b	Nontaxable combat pay (see instructions)	6b	
7 Is the amount on line 6a more than \$2,500?			
<input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8.			
<input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result		7	12,183
8 Multiply the amount on line 7 by 15% (0.15) and enter the result		8	1,827
Next. On line 4, is the amount \$4,200 or more?			
<input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15.			
<input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.			

Part II Certain Filers Who Have Three or More Qualifying Children

9 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions		9	
1040 and 1040-SR filers:	Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8.	10	
1040-NR filers:	Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.		
11 Add lines 9 and 10		11	
1040 and 1040-SR filers:	Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11.	12	
1040-NR filers:	Enter the amount from Form 1040-NR, line 67.		
13 Subtract line 12 from line 11. If zero or less, enter -0-		13	
14 Enter the larger of line 8 or line 13		14	
Next, enter the smaller of line 5 or line 14 on line 15.			

Part III Additional Child Tax Credit

15 This is your additional child tax credit	15	1,827
---------------------------------------------	----	-------

Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service

► Attach to your tax return.

► Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

LATORIC L JOHNSON**263-89-4934**

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: DOOR DASH		3,671
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	3,671	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	3,671	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		734
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		734
11	Taxable income before qualified business income deduction	11	855	
12	Net capital gain (see instructions)	12	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	855	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		171
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ►	15		171
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2019)

EEA

Amount from Form 1040, line 8b. 19,205

Amount from Form 1040, line 9. 18,350

Line 11 above is the difference between these amounts 855

		a Employee's social security number 263-89-4934		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 23-3044975				1 Wages, tips, other compensation 8,497		2 Federal income tax withheld					
c Employer's name, address, and ZIP code UHS OF ANCHOR LP 367 SOUTH GULPH ROAD King Of Prussia PA 19406				3 Social security wages 8,497		4 Social security tax withheld 527					
				5 Medicare wages and tips 8,497		6 Medicare tax withheld 123					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Last name Suff. LATORIC L JOHNSON 4300 FLAT SHOALS RD Union City GA 30291				11 Nonqualified plans		12a See instructions for box 12 Code					
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b Code					
				14 Other		12c Code					
						12d Code					
f Employee's address and ZIP code											
15 State Employer's state ID number GA 2102433-VL		16 State wages, tips, etc. 8,497		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement**2019**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by DHL TAX SERVICE

a Employee's social security number 263-89-4934		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 58-1537967				1 Wages, tips, other compensation 2,515		2 Federal income tax withheld			
c Employer's name, address, and ZIP code AID ATLANTA INC 1605 PEACHTREE ST NE Atlanta GA 30309				3 Social security wages 2,515		4 Social security tax withheld 156			
				5 Medicare wages and tips 2,515		6 Medicare tax withheld 36			
				7 Social security tips		8 Allocated tips			
d Control number				9		10 Dependent care benefits			
e Employee's first name and initial Last name Suff. LATORIC L JOHNSON 4142 OAKTREE COURT EASTPOINT GA 30334				11 Nonqualified plans		12a See instructions for box 12 c o d e			
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b c o d e			
				14 Other		12c c o d e			
						12d c o d e			
f Employee's address and ZIP code									
15 State Employer's state ID number GA 0658984-NC		16 State wages, tips, etc. 2,515		17 State income tax		18 Local wages, tips, etc.		19 Local income tax	

Form **W-2** Wage and Tax Statement**2019**

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA

The information on the Form W-2 was used to prepare the taxpayer's 2019 Federal tax return by DHL TAX SERVICE



GEORGIA
CORPORATIONS
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GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

[HOME \(/\)](#)

BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	Olori Logistics Services, LLC	Control Number:	19097002
Business Type:	Domestic Limited Liability Company	Business Status:	Active/Noncompliance
NAICS Code:	Transportation and Warehousing	NAICS Sub Code:	General Freight Trucking, Long-Distance, Truckload
Principal Office Address:	4300 Flat Shoals Road, apt# 4501, Union City, GA, 30291, USA	Date of Formation / Registration Date:	7/17/2019
State of Formation:	Georgia	Last Annual Registration Year:	NONE

REGISTERED AGENT INFORMATION

Registered Agent Name: **Latoric Johnson**
Physical Address: **4300 Flat Shoals Road, apt# 4501, Union City, GA, 30291, USA**
County: **Fulton**

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BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	Jojotoric's Armoire LLC	Control Number:	19044166
Business Type:	Domestic Limited Liability Company	Business Status:	Active/Noncompliance
NAICS Code:	Any legal purpose	NAICS Sub Code:	
Principal Office Address:	5 Concourse Pkwy, 30th Floor, Atlanta, GA, 30328, USA	Date of Formation / Registration Date:	3/24/2019
State of Formation:	Georgia	Last Annual Registration Year:	NONE

REGISTERED AGENT INFORMATION

Registered Agent Name: **United States Corporation Agents, Inc.**
Physical Address: **1420 Southlake Plaza Dr, Morrow, GA, 30260, USA**
County: **Clayton**

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Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2021

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		GA 119542	N / A

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

- I, Adebola F. Bamidele,
am the sponsor submitting this affidavit of support because
(Select **only one** box):
- 1.a. ☐ I am the petitioner. I filed or am filing for the immigration of my relative.
- 1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my
N/A
- 1.c. ☐ I have an ownership interest of at least 5 percent in
N/A
which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my
N/A
- 1.d. ☒ I am the only joint sponsor.
- 1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.
- 1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's
N/A

NOTE: If you are filing this form as a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About the Principal Immigrant

- 1.a. Family Name (Last Name) Adesida
- 1.b. Given Name (First Name) Abiola
- 1.c. Middle Name Adefemi

Mailing Address (USPS ZIP Code Lookup)

- 2.a. In Care Of Name Abiola A. Adesida
- 2.b. Street Number and Name 3460 Kingsboro Rd NE
- 2.c. ☒ Apt. ☐ Ste. ☐ Flr. 342
- 2.d. City or Town Atlanta
- 2.e. State GA 2.f. ZIP Code 30326
- 2.g. Province N/A
- 2.h. Postal Code N/A
- 2.i. Country United States

Other Information

3. Country of Citizenship or Nationality Nigeria
4. Date of Birth (mm/dd/yyyy) 12/25/1976
5. Alien Registration Number (A-Number) (if any)
► A- 2 1 9 0 8 7 6 0 0
6. USCIS Online Account Number (if any)
► N / A
7. Daytime Telephone Number (404) 453-9202

Part 3. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 2**.
☒ Yes ☐ No (Applicable only if you are sponsoring family members in **Part 3**, as the second joint sponsor or if you are sponsoring family members who are immigrating more than six months after the principal immigrant)
2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2**. (Do not include any relative listed on a separate visa petition.)
3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant.

Family Member 1

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name
5. Relationship to Principal Immigrant
6. Date of Birth (mm/dd/yyyy)
7. Alien Registration Number (A-Number) (if any)
 ▶ A-
8. USCIS Online Account Number (if any)
 ▶

Family Member 2

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Relationship to Principal Immigrant
11. Date of Birth (mm/dd/yyyy)
12. Alien Registration Number (A-Number) (if any)
 ▶ A-
13. USCIS Online Account Number (if any)
 ▶

Family Member 3

- 14.a. Family Name (Last Name)
- 14.b. Given Name (First Name)
- 13.c. Middle Name
15. Relationship to Principal Immigrant
16. Date of Birth (mm/dd/yyyy)
17. Alien Registration Number (A-Number) (if any)
 ▶ A-
18. USCIS Online Account Number (if any)
 ▶

Family Member 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Relationship to Principal Immigrant
21. Date of Birth (mm/dd/yyyy)
22. Alien Registration Number (A-Number) (if any)
 ▶ A-
23. USCIS Online Account Number (if any)
 ▶

Family Member 5

- 24.a. Family Name (Last Name)
- 24.b. Given Name (First Name)
- 24.c. Middle Name
25. Relationship to Principal Immigrant
26. Date of Birth (mm/dd/yyyy)
27. Alien Registration Number (A-Number) (if any)
 ▶ A-
28. USCIS Online Account Number (if any)
 ▶

Part 3. Information About the Immigrants You Are Sponsoring (continued)

29. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 2.**, any immigrants listed in **Part 3., Item Numbers 1. - 28.** and (if applicable), any immigrants listed for these questions in **Part 11. Additional Information.** Do not count the principal immigrant if you are only sponsoring family members entering more than 6 months after the principal immigrant.

1

Part 4. Information About You (Sponsor)**Sponsor's Full Name**

- 1.a. Family Name (Last Name) Bamidele
 1.b. Given Name (First Name) Adebola
 1.c. Middle Name F.

Sponsor's Mailing Address

- 2.a. In Care Of Name
 Adebola F. Bamidele
 2.b. Street Number and Name 440 Overlook Turn
 2.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A
 2.d. City or Town Conyers
 2.e. State GA 2.f. ZIP Code 30012
 2.g. Province N/A
 2.h. Postal Code N/A
 2.i. Country United States
 3. Is your current mailing address the same as your physical address? ☒ Yes ☐ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Numbers 4.a. - 4.h.**

Sponsor's Physical Address

- 4.a. Street Number and Name Same as Mailing
 4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
 4.c. City or Town N/A
 4.d. State N/A 4.e. ZIP Code N/A
 4.f. Province N/A
 4.g. Postal Code N/A
 4.h. Country N/A

Other Information

5. Country of Domicile United States
 6. Date of Birth (mm/dd/yyyy) 05/17/1972
 7. City or Town of Birth Ibadan
 8. State or Province of Birth Oyo State
 9. Country of Birth Nigeria
 10. U.S. Social Security Number (Required)
 ▶ 3 1 4 2 9 6 5 6 7

Citizenship or Residency

- 11.a. ☐ I am a U.S. citizen,
 11.b. ☐ I am a U.S. national.
 11.c. ☒ I am a lawful permanent resident.

12. Sponsor's A-Number (if any)
 ▶ A- N / A
 13. Sponsor's USCIS Online Account Number (if any)
 ▶ N / A

Military Service (To be completed by petitioner sponsors only.)

14. I am currently on active duty in the U.S. Armed Forces or U.S. Coast Guard. ☐ Yes ☐ No

For
USCIS
Use
Only

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Provide the number you entered in **Part 3., Item Number 29.**

Persons NOT sponsored in this affidavit:

2. Yourself.
3. If you are currently married, enter "1" for your spouse.
4. If you have dependent children, enter the number here.
5. If you have any other dependents, enter the number here.
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents, enter the number here.
7. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.
8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here.

Household Size:

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an
2. Name of Employer 1
3. Name of Employer 2 (if applicable)
4. ☐ Self-Employed as a/an (Occupation)

5. ☐ Retired Since (mm/dd/yyyy)

6. ☐ Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is:

\$

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

Person 1

8. Name
9. Relationship
10. **Current Income** \$

Person 2

11. Name
12. Relationship
13. **Current Income** \$

Person 3

14. Name
15. Relationship
16. **Current Income** \$

Person 4

17. Name
18. Relationship
19. **Current Income** \$

For USCIS Use Only	Household Size	Poverty Guideline	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year: <u>20</u>	
	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Poverty Line:	
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$	
	<input type="checkbox"/> Other _____		

Part 6. Sponsor's Employment and Income
 (continued)

20. **My Current Annual Household Income** (Total all lines from **Part 6**, **Item Numbers 7., 10., 13., 16., and 19.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.)

\$ 66,560.00

21. ☐ The people listed in **Item Numbers 8., 11., 14., and 17.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.
22. ☐ One or more of the people listed in **Item Numbers 8., 11., 14., and 17.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.

Name

N/A

Federal Income Tax Return Information

23.a. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.

23.b. ☐ (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

My total income (adjusted gross income on Internal Revenue Service (IRS) Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
24.a. Most Recent	2019	\$ 55,493.00
24.b. 2nd Most Recent	2018	\$ 57,600.00
24.c. 3rd Most Recent	2017	\$ 57,600.00

25. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

Part 7. Use of Assets to Supplement Income
 (Optional)

If your income, or the total income for you and your household, from **Part 6**, **Item Numbers 20. or 24.a. - 24.c.**, exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7**. Skip to **Part 8**.

Your Assets (Optional)

- Enter the balance of all savings and checking accounts.
\$ N/A
- Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)
\$ N/A
- Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1. or Item Number 2.**
\$ N/A
- Add together **Item Numbers 1. - 3.** and enter the number here.
TOTAL: \$ N/A

Assets from Form I-864A, Part 4., Item Number 3.d., for:

- Name of Relative
N/A
- Your household member's assets from Form I-864A (optional).
\$ N/A

Assets of the principal sponsored immigrant (optional).

The principal sponsored immigrant is the person listed in **Part 2.**, **Item Numbers 1.a. - 1.c.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

- Enter the balance of the principal immigrant's savings and checking accounts.
\$ N/A
- Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)
\$ N/A
- Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6. or Item Number 7.**
\$ N/A

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income (Page 5, Line 10)	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Year: <u>20</u>	\$	
	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Poverty Line:	<i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i>	
	<input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	\$		
	<input type="checkbox"/> Other _____			

Part 7. Use of Assets to Supplement Income (Optional) (continued)

9. Add together **Item Numbers 6. - 8.** and enter the number here.

\$ N/A

Total Value of Assets

10. Add together **Item Numbers 4., 5.b., and 9.** and enter the number here.

TOTAL: \$ N/A

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief, services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

Sponsor's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit, and my answer to every question.

- 1.b. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in

N/A

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**,
Natalie Griggs, Esq
prepared this affidavit for me based only upon information I provided or authorized

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

404-437-1421

4. Sponsor's Mobile Telephone Number (if any)

N/A

5. Sponsor's Email Address (if any)

bambobby@gmail.com

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS or DOS may need to determine my eligibility for the benefit that I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit and that all of this information is complete, true, and correct.

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3.** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;

Part 8. Sponsor's Contract, Statement, Contact Information, Declaration, Certification, and Signature (continued)

- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- F. I authorize the Social Security Administration to release information about me in its records to USCIS and DOS.

Sponsor's Signature

6.a. Sponsor's Signature



6.b. Date of Signature (mm/dd/yyyy)

10/09/2020

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your affidavit.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

N/A

which is the same language specified in Part 8, Item Number 1.b.; and I have read to this sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the Sponsor's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

N/A

7.b. Date of Signature (mm/dd/yyyy)

N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

Griggs, Esq.

1.b. Preparer's Given Name (First Name)

Natalie

2. Preparer's Business or Organization Name (if any)

The Fogle Law Firm, LLC Atlanta

Preparer's Mailing Address

3.a. Street Number and Name 55 Ivan Allen Jr. Blvd.

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 830

3.c. City or Town Atlanta

3.d. State GA 3.e. ZIP Code 30308

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country

United States

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

(404) 522-1852

5. Preparer's Mobile Telephone Number (if any)

N/A

6. Preparer's Email Address (if any)

natalie@foglelaw.com

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the sponsor in this case ☐ extends ☒ does not extend beyond the preparation of this affidavit.

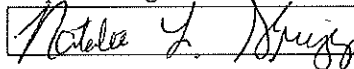
NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this affidavit.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy)

12/11/2022

Part 11. Additional Information

If you need extra space to provide any additional information within this affidavit, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) Bamidele

1.b. Given Name (First Name) Adebola

1.c. Middle Name F.

2. A-Number (if any)

► A- N / A

3.a. Page Number N/A 3.b. Part Number N/A 3.c. Item Number N/A

3.d. N/A

4.a. Page Number N/A 4.b. Part Number N/A 4.c. Item Number N/A

4.d. N/A

5.a. Page Number N/A 5.b. Part Number N/A 5.c. Item Number N/A

5.d. N/A

6.a. Page Number N/A 6.b. Part Number N/A 6.c. Item Number N/A

6.d. N/A

7.a. Page Number N/A 7.b. Part Number N/A 7.c. Item Number N/A

7.d. N/A

SD&C INC

Check No. 000001917085

Pay Date 07-03-2020

INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
Of

*** Non-Negotiable ***

ADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN# Period Start Date 06-14-2020 Check Date 07-03-2020 Federal Filing Status M/4
EMP# E35309 Period End Date 06-27-2020 Check Number 000001917085 State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
06-27-2020	REGULAR PAY	32.0000	80.00	2560.00	401K	102.40	1433.60
-	HOLIDAY	-	-	-	STD	42.96	601.44
-	SICK	-	-	-	HOSPITAL 125	12.48	174.72
-	VACATION	-	-	-	ACCIDENT	10.68	149.52
					AFLAC VISION	8.72	122.08
					FEDERAL TAX	142.87	2000.18
					MEDICARE	36.82	515.38
					SOC SECURITY	157.41	2203.68
					GA INCOME TAX	95.01	1330.14

80.00 2,560.00

TOTAL

Earnings - Year To Date			Net Pay Distribution	
Description	YTD	Type	Amount	
REGULAR PAY	33536.00	CHECK	\$0.00	
HOLIDAY	768.00			
SICK	1280.00	DIRECT DEPOSIT	\$1,950.65	
VACATION	256.00			
		TOTAL NET PAY	\$1,950.65	
		TOTAL NET PAY YTD	\$27,309.26	

TOTAL \$35,840.00

Paid Time Off			Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD	
		27423	CHECKING	1,950.65	INVO GROUP LIFE	3.76	52.64	

TOTAL DEPOSITED \$1,950.65 TOTAL 3.76 52.64

SD&C INC

Check No. 000001935009
Pay Date 07-17-2020INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
OfADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

*** Non-Negotiable ***

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN#	Period Start Date 06-28-2020	Check Date	07-17-2020	Federal Filing Status M/4
EMP# E35309	Period End Date 07-11-2020	Check Number	000001935009	State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
07-11-2020	REGULAR PAY	32.7500	32.00	1048.00	401K	104.80	1538.40
07-11-2020	HOLIDAY	32.7500	8.00	262.00	STD	42.96	644.40
07-11-2020	VACATION	32.7500	40.00	1310.00	HOSPITAL 125	12.48	187.20
-	SICK	-	-	-	ACCIDENT	10.68	160.20
					AFLAC VISION	8.72	130.80
					FEDERAL TAX	149.78	2149.96
					MEDICARE	37.68	553.06
					SOC SECURITY	161.12	2364.80
					GA INCOME TAX	98.32	1428.46

80.00 2,620.00

Earnings - Year To Date		Net Pay Distribution	
Description	YTD	Type	Amount
REGULAR PAY	34584.00	CHECK	\$0.00
HOLIDAY	1030.00		
SICK	1280.00	DIRECT DEPOSIT	\$1,993.46
VACATION	1566.00		
		TOTAL NET PAY	\$1,993.46
		TOTAL NET PAY YTD	\$29,302.72

TOTAL \$38,460.00

Paid Time Off		Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD
		27423	CHECKING	1,993.46	INVO GROUP LIFE	3.76	56.40

TOTAL DEPOSITED \$1,993.46 TOTAL 3.76 56.40

SD&C INC

Check No. 000001952332
Pay Date 07-31-2020INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
OfADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

*** Non-Negotiable ***

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN#	Period Start Date 07-12-2020	Check Date	07-31-2020	Federal Filing Status M/4
EMP# E35309	Period End Date 07-25-2020	Check Number	000001952332	State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
07-25-2020	REGULAR PAY	32.7500	80.00	2620.00	401K	104.80	1643.20
-	HOLIDAY	-	-	-	STD	42.96	687.36
-	SICK	-	-	-	HOSPITAL 125	12.48	199.68
-	VACATION	-	-	-	ACCIDENT	10.68	170.88
					AFLAC VISION	8.72	139.52
					FEDERAL TAX	149.78	2299.74
					MEDICARE	37.68	590.74
					SOC SECURITY	161.13	2525.93
					GA INCOME TAX	98.32	1526.78

80.00 2,620.00

Earnings - Year To Date			Net Pay Distribution	
Description	YTD	Type	Amount	
REGULAR PAY	37204.00	CHECK	\$0.00	
HOLIDAY	1030.00			
SICK	1280.00	DIRECT DEPOSIT	\$1,993.45	
VACATION	1566.00			
		TOTAL NET PAY	\$1,993.45	
		TOTAL NET PAY YTD	\$31,296.17	

TOTAL \$41,080.00

TOTAL 626.55 9,783.83

Paid Time Off		Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD
		27423	CHECKING	1,993.45	INVO GROUP LIFE	3.76	60.16

TOTAL DEPOSITED \$1,993.45 TOTAL 3.76 60.16

SD&C INC

Check No. 000001970930

Pay Date 08-14-2020

INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
Of

ADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

*** Non-Negotiable ***

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN# Period Start Date 07-26-2020 Check Date 08-14-2020 Federal Filing Status M/4
EMP# E35309 Period End Date 08-08-2020 Check Number 000001970930 State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
08-08-2020	REGULAR PAY	32.7500	80.00	2620.00	401K	104.80	1748.00
-	HOLIDAY	-	-	-	STD	42.96	730.32
-	SICK	-	-	-	HOSPITAL 125	12.48	212.16
-	VACATION	-	-	-	ACCIDENT	10.68	181.56
					AFLAC VISION	8.72	148.24
					FEDERAL TAX	149.78	2449.52
					MEDICARE	37.68	628.42
					SOC SECURITY	161.13	2687.06
					GA INCOME TAX	98.32	1625.10

80.00 2,620.00

TOTAL

Earnings - Year To Date			Net Pay Distribution	
Description	YTD	Type	Amount	
REGULAR PAY	39824.00	CHECK	\$0.00	
HOLIDAY	1030.00			
SICK	1280.00	DIRECT DEPOSIT	\$1,993.45	
VACATION	1568.00			
		TOTAL NET PAY	\$1,993.45	
		TOTAL NET PAY YTD	\$33,289.62	

TOTAL \$43,700.00

TOTAL 626.55 10,410.38

Paid Time Off			Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD	
		27423	CHECKING	1,993.45	INVO GROUP LIFE	3.76	63.92	

TOTAL DEPOSITED \$1,993.45 TOTAL 3.76 63.92

SD&C INC

Check No. 000001989381

Pay Date 08-28-2020

INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
Of

*** Non-Negotiable ***

ADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN# Period Start Date 08-09-2020 Check Date 08-28-2020 Federal Filing Status M/4
EMP# E35309 Period End Date 08-22-2020 Check Number 000001989381 State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
08-22-2020	REGULAR PAY	32.7500	80.00	2620.00	401K	104.80	1852.80
-	HOLIDAY	-	-	-	STD	42.96	773.28
-	SICK	-	-	-	HOSPITAL 125	12.48	224.64
-	VACATION	-	-	-	ACCIDENT	10.68	192.24
					AFLAC VISION	8.72	156.96
					FEDERAL TAX	149.78	2599.30
					MEDICARE	37.69	666.11
					SOC SECURITY	161.12	2848.18
					GA INCOME TAX	98.32	1723.42

80.00 2,620.00

TOTAL

Earnings - Year To Date			Net Pay Distribution	
Description	YTD	Type	Amount	
REGULAR PAY	42444.00	CHECK	\$0.00	
HOLIDAY	1030.00			
SICK	1280.00	DIRECT DEPOSIT	\$1,993.45	
VACATION	1566.00			
		TOTAL NET PAY	\$1,993.45	
		TOTAL NET PAY YTD	\$35,283.07	

TOTAL \$46,320.00

TOTAL 626.55 11,036.93

Paid Time Off		Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD
		27423	CHECKING	1,993.45	INVO GROUP LIFE	3.76	67.68

TOTAL DEPOSITED \$1,993.45 TOTAL 3.76 67.68

SD&C INC

Check No. 000002007446
Pay Date 09-11-2020INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
Of

*** Non-Negotiable ***

ADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN#	Period Start Date 08-23-2020	Check Date	09-11-2020	Federal Filing Status M/4
EMP# E35309	Period End Date 09-05-2020	Check Number	000002007446	State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
09-05-2020	REGULAR PAY	32.7500	80.00	2620.00	401K	104.80	1957.60
-	HOLIDAY	-	-	-	STD	42.96	816.24
-	SICK	-	-	-	HOSPITAL 125	12.48	237.12
-	VACATION	-	-	-	ACCIDENT	10.68	202.92
					AFLAC VISION	8.72	165.68
					FEDERAL TAX	149.78	2749.08
					MEDICARE	37.68	703.79
					SOC SECURITY	161.13	3009.31
					GA INCOME TAX	98.32	1821.74

80.00 2,620.00

TOTAL

Earnings - Year To Date			Net Pay Distribution	
Description	YTD	Type	Amount	
REGULAR PAY	45064.00	CHECK	\$0.00	
HOLIDAY	1030.00			
SICK	1280.00	DIRECT DEPOSIT	\$1,993.45	
VACATION	1566.00			
		TOTAL NET PAY	\$1,993.45	
		TOTAL NET PAY YTD	\$37,276.52	

TOTAL \$48,940.00

TOTAL 626.55 11,663.48

Paid Time Off		Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD
		27423	CHECKING	1,993.45	INVO GROUP LIFE	3.76	71.44

TOTAL DEPOSITED \$1,993.45 TOTAL 3.76 71.44

SD&C INC

Check No. 000002027441
Pay Date 09-25-2020INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
Of

*** Non-Negotiable ***

ADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN#	Period Start Date 09-06-2020	Check Date	09-25-2020	Federal Filing Status M/4
EMP# E35309	Period End Date 09-19-2020	Check Number	000002027441	State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
09-19-2020	REGULAR PAY	32.7500	56.00	1834.00	401K	104.80	2062.40
09-19-2020	HOLIDAY	32.7500	8.00	262.00	STD	42.96	859.20
09-19-2020	VACATION	32.7500	16.00	524.00	HOSPITAL 125	12.48	249.60
-	SICK	-	-	-	ACCIDENT	10.68	213.60
					AFLAC VISION	8.72	174.40
					FEDERAL TAX	149.78	2898.86
					MEDICARE	37.68	741.47
					SOC SECURITY	161.12	3170.43
					GA INCOME TAX	98.32	1920.06

80.00 2,620.00

Earnings - Year To Date			Net Pay Distribution	
Description	YTD	Type	Amount	
REGULAR PAY	46898.00	CHECK	\$0.00	
HOLIDAY	1292.00			
SICK	1280.00	DIRECT DEPOSIT	\$1,993.46	
VACATION	2090.00			
		TOTAL NET PAY	\$1,993.46	
		TOTAL NET PAY YTD	\$39,269.98	

TOTAL \$51,560.00

Paid Time Off		Direct Deposit Detail			Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount	YTD
		27423	CHECKING	1,993.46	INVO GROUP LIFE	3.76	75.20

TOTAL DEPOSITED \$1,993.46 TOTAL 3.76 75.20

SD&C INC

Check No. 000002046955
Pay Date 10-09-2020INVO PEO INC VII
800 Oak Ridge Turnpike Ste. A900
Oak Ridge TN 37830

Pay Non-negotiable

\$0.00

To The
Order
OfADEBOLA BAMIDELE
440 OVERLOOK TURN
CONYERS, GA 30012

*** Non-Negotiable ***

ADEBOLA BAMIDELE

SD&C INC - SD AND C (003307)

SSN#	Period Start Date 09-20-2020	Check Date	10-09-2020	Federal Filing Status M/4
EMP# E35309	Period End Date 10-03-2020	Check Number	000002046955	State Filing Status H/1/3

Earnings - Current					Deductions / Taxes		
Date	Pay Description	Pay Rate	Hrs/Units	Pay Amount	Description	Amount	YTD
10-03-2020	REGULAR PAY	32.7500	80.00	2620.00	401K	104.80	2167.20
-	HOLIDAY	-	-	-	STD	42.96	902.16
-	SICK	-	-	-	HOSPITAL 125	12.48	262.08
-	VACATION	-	-	-	ACCIDENT	10.68	224.28
					AFLAC VISION	8.72	183.12
					FEDERAL TAX	149.78	3048.64
					MEDICARE	37.68	779.15
					SOC SECURITY	161.13	3331.56
					GA INCOME TAX	98.32	2018.38

80.00 2,620.00

Earnings - Year To Date		Net Pay Distribution	
Description	YTD	Type	Amount
REGULAR PAY	49518.00	CHECK	\$0.00
HOLIDAY	1292.00		
SICK	1280.00	DIRECT DEPOSIT	\$1,993.45
VACATION	2090.00		
		TOTAL NET PAY	\$1,993.45
		TOTAL NET PAY YTD	\$41,263.43

TOTAL \$54,180.00

Paid Time Off		Direct Deposit Detail		Employer Contributions		
Description	Balance	Account	Type	Amount	Description	Amount
		27423	CHECKING	1,993.45	INVO GROUP LIFE	3.76

TOTAL DEPOSITED \$1,993.45 TOTAL 3.76 78.96

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial ADEBOLA F	Last name BAMIDELE	Your social security number 314-29-6567
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 440 OVERLOOK TURN		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). CONYERS, GA 30012		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
ABIMIFOLA B	BAMIDELE	667-38-3227	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KIKIOLA	BAMIDELE	675-46-3079	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 61065
2a Tax-exempt interest	2a
3a Qualified dividends	3a
4a IRA distributions	4a
c Pensions and annuities	4c
5a Social security benefits	5a
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here	6 -3000
7a Other income from Schedule 1, line 9	7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b 58065
8a Adjustments to income from Schedule 1, line 22	8a 2572
b Subtract line 8a from line 7b. This is your adjusted gross income	8b 55493
9 Standard deduction or itemized deductions (from Schedule A)	9 18350
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10
11a Add lines 9 and 10	11a 18350
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b 37143

Standard Deduction for—
 • Single or Married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

QNA

BAMIDELE
Form 1040 (2019)

314-29-6567 Page 2

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	4178	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	4178	
13a	Child tax credit or credit for other dependents	13a	1434	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	4178	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0	
16	Add lines 14 and 15. This is your total tax	16	0	
17	Federal income tax withheld from Forms W-2 and 1099	17	3508	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b	2566	
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	2566	
19	Add lines 17 and 18e. These are your total payments	19	6074	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	6074	
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	6074	
▶ b	Routing number 291471024 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
▶ d	Account number 22091033142965677			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		
Third Party Designee	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
(Other than paid preparer)	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (404) 437-1421	Email address	BAMBOBBY@GMAIL.COM	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	ALANI I AKINTOYE		01/20/20	P00190995
	Firm's name ▶ ESKAY CONSULTING GROUP LLC	Phone no.	770-994-3313	Check If: <input checked="" type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
	Firm's address ▶ 6495 CHURCH ST RIVERDALE GA 30274	Firm's EIN ▶	58-2621508	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2019)

QNA

SCHEDULE 1
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

► Attach to Form 1040 or 1040-SR.
► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

ADEBOLA BAMIDELE

Your social security number

314-29-6567

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	2572

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE 3
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

ADEBOLA BAMIDELE

314-29-6567

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	1194
3	Education credits from Form 8863, line 19	3	1550
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	2744

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE D
(Form 1040 or 1040-SR)**Capital Gains and Losses**

OMB No. 1545-0074

2019Attachment
Sequence No. **12**Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
 ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
 ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

ADEBOLA BAMIDELE

Your social security number

314-29-6567

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☐ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (12025)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -12025

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040 or 1040-SR) 2019

BAMIDELE

314-29-6567

Schedule D (Form 1040 or 1040-SR) 2019

Page **2****Part III Summary**

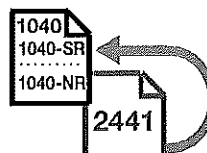
16 Combine lines 7 and 15 and enter the result	16	-12025
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3000)
22 Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

QNA

Schedule D (Form 1040 or 1040-SR) 2019

Form **2441****Child and Dependent Care Expenses**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **21**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

314-29-6567

ADEBOLA BAMIDELE

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

Part I Persons or Organizations Who Provided the Care—You must complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
ROCKDALE BAPTIST CHURCH OF	1295 SMYRNA RD SW CONYERS GA 30094	TAXEXEMPT	5969

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

Part II Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
ABIMIFOLA	BAMIDELE	667-38-3227	2884
KIKIOLA	BAMIDELE	675-46-3079	3085

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . .

4 Enter your **earned income**. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4

6 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35

7 55493

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

10 4178

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47

3	5969
4	61065
5	61065
6	5969
7	
8	X.20
9	1194
10	
11	1.194

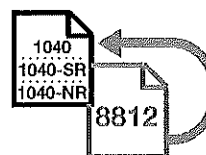
For Paperwork Reduction Act Notice, see your tax return instructions.

Form **2441** (2019)

QNA

SCHEDULE 8812
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Additional Child Tax Credit**

► Attach to Form 1040, 1040-SR, or 1040-NR.
► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2019Attachment
Sequence No. **47**

Name(s) shown on return

ADEBOLA BAMIDELE

Your social security number

314-29-6567

Part I All Filers**Caution:** If you file Form 2555, **stop here**; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	4000
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	1434
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	2566
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2800
5	Enter the smaller of line 3 or line 4	5	2566
6a	Earned income (see instructions)	6a	61065
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	58565
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next, on line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	8785

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2566
----	----------------------------------------------------	----	------



Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

Form **8863**Department of the Treasury
Internal Revenue Service (99)**Education Credits**
(American Opportunity and Lifetime Learning Credits)▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2019Attachment
Sequence No. **50**

Name(s) shown on return

ADEBOLA BAMIDELE

Your social security number

314-29-6567

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	7748
11	Enter the smaller of line 10 or \$10,000	11	7748
12	Multiply line 11 by 20% (0.20)	12	1550
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er)	13	68000
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	55493
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	12507
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10000
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	1550
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3	19	1550

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8863** (2019)

QNA

Form 8863 (2019)

Page 2

Name(s) shown on return

ADEBOLA BAMIDELE

Your social security number

314-29-6567



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) ADEBOLA F BAMIDELE	21 Student social security number (as shown on page 1 of your tax return) 314-29-6567
22 Educational institution information (see instructions)	
a. Name of first educational institution UNIVERSITY OF PHOENIX (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 4025 SOUTH RIVERPOINT PKWY PHOENIX AZ 85040 (2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2018 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. 9 4 - 2 4 7 3 2 1 0	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2018 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. - - - - -
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-.	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	7748
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QNA

Form 8863 (2019)

Form **8867****Paid Preparer's Due Diligence Checklist**

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status
► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

2019Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

ADEBOLA F BAMIDELE

Enter preparer's name and PTIN

ALANI AKINTOYE P00190995

Taxpayer identification number

314-29-6567

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2019)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Copy B – To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
314-29-6567	61065.12	3507.82	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
27-1067748	63637.92	3945.55	
	5 Medicare wages and tips	6 Medicare tax withheld	
	63637.92	922.75	
c Employer's name, address, and ZIP code			
INVO PEO INC III PO BOX 2005 OAK RIDGE, TN 37831			
d Control number			
e Employee's name, address, and ZIP code Suff.			
ADEBOLA BAMIDELE			
440 OVERLOOK TURN CONYERS, GA 30012			
7 Social security tips	8 Allocated tips	9	
0.00	0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12	
		D 2572.80	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
X		12d Code	
Third-party sick pay			
GA	3068878-UX	61065.12	2355.85
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage and Tax Statement 2019 Dept. of the Treasury -- IRS			
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile			

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
314-29-6567	61065.12	3507.82	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
27-1067748	63637.92	3945.55	
	5 Medicare wages and tips	6 Medicare tax withheld	
	63637.92	922.75	
c Employer's name, address, and ZIP code			
INVO PEO INC III PO BOX 2005 OAK RIDGE, TN 37831			
d Control number			
e Employee's name, address, and ZIP code Suff.			
ADEBOLA BAMIDELE			
440 OVERLOOK TURN CONYERS, GA 30012			
7 Social security tips	8 Allocated tips	9	
0.00	0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code	
		D 2572.80	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
X		12d Code	
Third-party sick pay			
GA	3068878-UX	61065.12	2355.85
15 State Employer's state I.D. number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage and Tax Statement 2019 Dept. of the Treasury -- IRS			

Copy C – For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
314-29-6567	61065.12	3507.82	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
27-1067748	63637.92	3945.55	
	5 Medicare wages and tips	6 Medicare tax withheld	
	63637.92	922.75	
c Employer's name, address, and ZIP code			
INVO PEO INC III PO BOX 2005 OAK RIDGE, TN 37831			
d Control number			
e Employee's name, address, and ZIP code Suff.			
ADEBOLA BAMIDELE			
440 OVERLOOK TURN CONYERS, GA 30012			
7 Social security tips	8 Allocated tips	9	
0.00	0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12	
		D 2572.80	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
X		12d Code	
Third-party sick pay			
GA	3068878-UX	61065.12	2355.85
15 State Employer's state I.D. number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage and Tax Statement 2019 Dept. of the Treasury -- IRS			
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.			

Copy 2 – To Be Filed With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
314-29-6567	61065.12	3507.82	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
27-1067748	63637.92	3945.55	
	5 Medicare wages and tips	6 Medicare tax withheld	
	63637.92	922.75	
c Employer's name, address, and ZIP code			
INVO PEO INC III PO BOX 2005 OAK RIDGE, TN 37831			
d Control number			
e Employee's name, address, and ZIP code Suff.			
ADEBOLA BAMIDELE			
440 OVERLOOK TURN CONYERS, GA 30012			
7 Social security tips	8 Allocated tips	9	
0.00	0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code	
		D 2572.80	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
X		12d Code	
Third-party sick pay			
GA	3068878-UX	61065.12	2355.85
15 State Employer's state I.D. number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage and Tax Statement 2019 Dept. of the Treasury -- IRS			
L4UP 5205			

UNITED STATES OF AMERICA

PERMANENT RESIDENT



BAMIDELE ADEBOLA F 17 MAY 1972

Surname

BAMIDELE

Given Name

ADEBOLA F

USCIS#

099-287-165

Category

IR6

Country of Birth

Nigeria

Date of Birth

17 MAY 1972

Sex

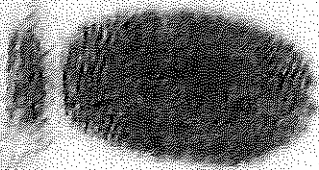
M

Card Expires:

02/26/26

Resident Since:

11/09/05



H. GLENN FOGLE, JR., ESQ. (ADMITTED IN GA)
DAVID LUNEL, ESQ. (ADMITTED IN GA & PARIS)
JULIO ZACONET VALENTIN, ESQ. (ADMITTED IN NC)
AMRO EL SAYED, ESQ. (ADMITTED IN NC & VT)
OF COUNSEL: PRADEEK SUSHBELAN, ESQ. (ADMITTED IN NY)
OF COUNSEL: MARY M. SHIN, ESQ. (ADMITTED IN HI)



ATLANTA OFFICE 404.522.1852
CHARLESTON OFFICE 843.323.4280
CHARLOTTE OFFICE 704.405.9060
LOS ANGELES OFFICE 213.344.3780

"Effective Immigration Solutions"

March 16, 2022

U.S. Citizenship and Immigration Services
Montgomery Field Office
3381 Atlanta Highway
Montgomery, AL 36109

RE: Response to Request for Evidence
Case Type: I-485, Adjustment of Status
Applicant: Abiola Adefemi Adesida (A#219-087-600)
Receipt No.: MSC1990390692

Dear Staff:

Please be advised that the undersigned firm represents the above listed Applicant in all immigration matters. A Form G-28 pertaining to the firm's representation is attached.

This letter is in response to your Request for Evidence ("RFE"), dated October 20, 2021, in connection with Abiola Adefemi Adesida Application to Register Permanent Residence or Adjust Status.

As a preliminary matter, this response is timely filed. In response to the Coronavirus (COVID-19) pandemic, USCIS has extended flexibility to applicants and petitioners responding to RFE's if the issuance date listed on the request is between March 1, 2020, and March 26, 2022. As discussed in the flexibility extension notice, USCIS will consider a response to RFE's received within 60 calendar days after the response due date set in the request or notice before taking action. The original response date for this RFE was January 18, 2022. Considering the additional 60 days of flexibility allows for timely response until March 19, 2022.

The RFE requested applicant to provide the evidence of a shared life together covering the period from June 26, 2018, to the present, and requested Clayton County Court arrest records.

Enclosed please find the following:

1. A copy of the Request for Evidence letter;
2. Original form G-28 pertaining to firm's representation;
3. Affidavit from Applicant explaining the reason why it has been difficult to obtain joint documents - beyond those attached;

4. Affidavit from Applicant's spouse explaining the reason why it has been difficult to obtain joint documents - beyond those attached;
5. Affidavits from Applicant's spouse's 2 sons Amuri & Ahmad, explaining that both Applicant and Applicant's spouse are in a *bonafide* marriage and how they see Applicant as a father;
6. Affidavit from Applicant's spouse mother Jane McDonald explaining that the reason they do not have additional documents because she provided temporary housing and support to Applicant and Applicant's spouse, and further explaining how they are in a loving relationship and have been in one since 2018.
7. Affidavit from Adebola Folajin Bamidele attesting to Applicant and Applicant's spouse's *bonafide* marriage;
8. Affidavit from Applicant's sister Adeola Bakare attesting to Applicant's *bonafide* relationship;
9. Metro CPS website Statement Screenshot showing Applicant and Applicant's spouse joint expenses;
10. Metro by T-Mobile joint statements showing Applicant and Applicant's spouse joint expenses;
11. Joint Georgia power mail having both Applicant and Applicant's spouse name on it;
12. Metro by T-Mobile cell phone bill showing both Applicant & Applicant's spouse's joint expenses;
13. Clayton County Water Authority bill under both Applicant and Applicant's spouse's names;
14. Infinite Energy bill & Past due reminder sent to Applicant's spouse continuing their current address;
15. East Point Application for Residential Utility services showing Applicant's spouse as Applicant's emergency contact;
16. Copy of Clayton County Certified court records of arrest;
17. Family photos showing Applicant and Applicant's spouse with family, special events, trips, and moving sons into college.
18. Screenshots of Videos made by Applicant's children wishing happy birthday to Applicant's spouse;
19. Screenshot of Videos of Applicant and Applicant's spouse.

STANDARD OF PROOF

Matter of Chawathe, 25 I&N Dec. 369 (AAO 2010) states the standard of proof in administrative immigration proceedings is "Preponderance of the evidence" meaning the Petitioner must provide evidence that demonstrates his claim is "**probably true.**" USCIS guidance Memos that are part of the record state "**preponderance of the evidence,**" means, "**That the matter asserted is more likely than not to be true.** Filings are

NOT required to demonstrate eligibility beyond a reasonable doubt." Per 8 CFR § 103.2(b)(16) a **determination must be made based on only on information the Petitioner is aware of and only after** providing an **opportunity to rebut** the information. **USCIS is required to consider** and give due weight to all facts, evidence, and testimony on record. See *Matter of Treasure Craft of California*, 14 I&N Dec. 190 (Reg. Comm. 1972). "[A]n agency's refusal to consider evidence bearing on the issue before it constitutes arbitrary agency action within the meaning of § 706." *Butte County v. Hogen*, 613 F.3d 190, 194 (D.C. Cir. 2010). **USCIS cannot** "unilaterally impos[ing] novel substantive or **evidentiary requirements beyond those set forth [by law].**" See, *Riffin v. Surface Transp. Bd.*, 592 F.3d 195, 195 (D.C. Cir. 2010) ("APA requires the agency to articulate a satisfactory explanation for its action including a 'rational connection between the facts found and the choice made.... [because agency] 'must state its reasons for doing so and conduct an appropriate analysis.'"

Further, the "[t]ruth is to be determined not by the quantity of evidence alone, but by its quality." *Matter of E-M-*, 20 I. & N. Dec. 77, 80 (BIA 1989). The Board of Immigration Appeals ("BIA") explained that "**preponderance of the evidence**" is the "**rock bottom [of] the fact-finding level of civil litigation,**" a lower standard than "clear, convincing, and unequivocal." *Matter of E-M-*, 20 I&N Dec. at 79, fn.1. Only a very low standard of proof is required to be established. **The Supreme Court has stated that if the Petitioner submits relevant, probative, and credible evidence that shows the claim is "more likely than not," true the Applicant or Petitioner has satisfied the standard of proof.** See *U.S. v. Cardozo- Fonseca*, 480 U.S. 421 (1987).

CONCLUSION

We trust the enclosed evidence more than adequately responds to the Service's request and establishes the Applicant is eligible for approval of this petition. We respectfully request the Service to exercise discretion favorably by providing a prompt adjudication of this petition. Thank you in advance for your kind assistance.

Should you need any further information please contact me at (404) 522-1852 or via email at julio@foglelaw.com. Thank you in advance for your prompt attention to this matter.

Very truly yours,

THE FOGLE LAW FIRM, LLC

By: Julio Zaconet Valentin, Esq.

JZV/aj

Enclosures: As Indicated

October 20, 2021

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
3381 Atlanta Highway
Montgomery, AL 36109



U.S. Citizenship
and Immigration
Services

ABIOLA ADEFEREMI ADESIDA
3460 KINGSBORO RD NE APT 342
ATLANTA, GA 30326
US



MSC1990390692



A219-087-600

RE: I-485, Application to Register Permanent
Residence or Adjust Status

REQUEST FOR EVIDENCE

Dear ABIOLA ADESIDA:

Why We Are Writing You

On December 20, 2018, you filed Form I-485, Application to Register Permanent Residence or Adjust Status, with U.S. Citizenship and Immigration Services (USCIS). We are writing to inform you that we need more information from you to make a decision on your case. Please read this letter carefully and follow all of the instructions below.

What You Need to Do

You must provide the following information in order for us to make a final decision on your case.

You must submit evidence of a shared life together, and it should cover the time period from June 26, 2018 to the present.

Such evidence may include, but is not limited to:

- o documents showing joint ownership of property, such as mortgage agreements or payments, property titles, or property registrations;
- o lease(s) showing the same residence;
- o documents showing shared finances and obligations (such as joint bank account(s), credit card statements, telephone bills, gas bills, electric bills, water bills, other utility bills, joint income taxes, joint insurance policies, insurance policies where one spouse is the dependent of the other, etc.);
- o birth certificate(s) of child(ren) born to the spouses;
- o pictures of wedding and other events; or
- o sworn affidavits from others with personal knowledge of the validity of the marriage. Each affidavit must have the full name, address, and date and place of birth of the person making the statement. It must also include his or her relationship, if any, to one or both spouses. Each affidavit must have complete information and details explaining how the person knows about the marriage. Each person making an affidavit may be

required to testify before an immigration officer about the information in the affidavit. Affidavits should be supported, if possible, by one or more documents listed above as possible evidence.

- o IRS tax transcripts covering the years of marriage.
- Submit information on arrests, indictments, and charges as explained below.

Records indicate that you were arrested in Clayton County.

You have not, however, presented sufficient documentary evidence concerning the disposition of the case(s) listed above.

For each arrest, indictment, or charge listed above, please submit original or certified copies of the arrest report, indictment, complaint, or other charging document, any plea agreement, and the court order disposing of the case, including any order withholding or deferring judgment but conditioned on your successful completion of any type of alternative sentencing or rehabilitation program. You must submit these documents even if you were acquitted at trial, or the court dismissed the charges, or the prosecuting authority chose not to bring the case to trial ("nolle pros" or "no papered"). If you reached a plea agreement with the prosecuting authority, you must submit the plea agreement and the transcript of any court hearing addressing the plea agreement.

If the original record is not available, you must submit a written, signed statement from the custodian of the record. The written statement must clearly state that the record is not available and why it is not available. It must also state whether records from the relevant time are generally available. If you submit this written statement, you may then submit secondary evidence. For example, you or your attorney in the criminal proceeding may have file copies of the official record.

If neither primary nor secondary evidence is available, you must submit one or more written statements explaining the case and the outcome of the case. The individual who signs the written statement must have personal knowledge of the disposition of the case. The individual(s) must sign the written statement(s) under oath, affirmation, or penalty of perjury under United States law.

When You Need To Do It

You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable). You must submit the requested information by January 18, 2022.

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, you must provide: (1) a copy of the original document in its foreign language; and (2) a full English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to

this request.

Please include a copy of this letter with your response by mail to this address:

U.S. Citizenship and Immigration Services
Montgomery Field Office
3381 Atlanta Highway
Montgomery, AL 36109

Sincerely,

Nicolas S. Bartell

Nicolas S. Bartell
Deputy District Director



MSC1990390692



A219-087-600





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ N / A

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
I-485
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ N / A
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) Adesida
- 6.b. Given Name (First Name) Abiola
- 6.c. Middle Name Adefemi
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ N / A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- 2 1 9 0 8 7 6 0 0

Client's Contact Information

10. Daytime Telephone Number
404-453-9202 (Abiola)
11. Mobile Telephone Number (if any)
(561) 827-1919 - Latoric (Wife)
12. Email Address (if any)
benbobby644@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name 3460 Kingsboro Rd NE
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr. 342
- 13.c. City or Town Atlanta
- 13.d. State GA 13.e. ZIP Code 30326
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country
United States

Part 4. Client's Consent to Representation and Signature**Consent to Representation and Release of Information**

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity



2.b. Date of Signature (mm/dd/yyyy)

03/11/22

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[Handwritten signature]

1.b. Date of Signature (mm/dd/yyyy)

3/15/2022

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy)

[Blank box for date]

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number


6.d.

PERSONAL STATEMENT

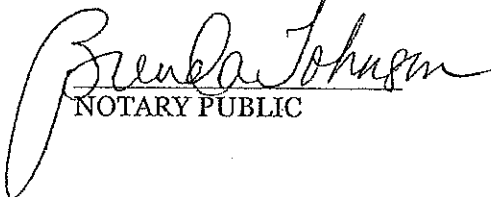
PERSONALLY appeared before the undersigned officer, duly authorized to administer oaths, the undersigned affiant who after being sworn, deposes and states the following:

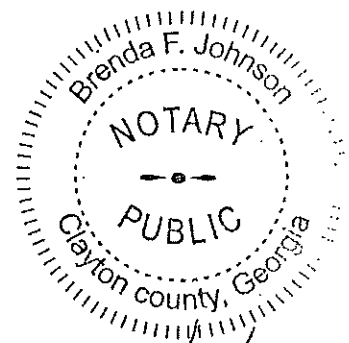
My name is Abiola Adesida, I am over the age of eighteen years old and under no disabilities either artificial or natural. I reside at 3460 Kingsboro Rd NE Apt 342 Atlanta, Ga, 30326. I am a native and citizen of Nigeria and the husband of Latoric Johnson. In regards to providing requested documents to reflect established financial records such as; bank accounts and tax filing was most difficult to obtain due to lack of a social security number.

This 16th of _____ March, 2022.


Signature

Sworn to and subscribed
before me this the 16 day of MARCH, 2022.


NOTARY PUBLIC



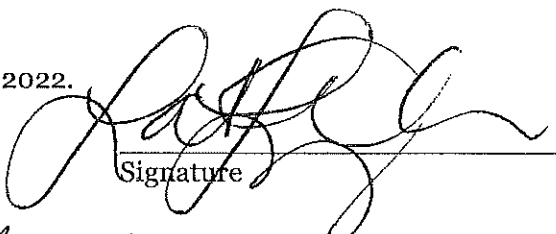
exp: 8/11/2024

PERSONAL STATEMENT

PERSONALLY appeared before the undersigned officer, duly authorized to administer oaths, the undersigned affiant who after being sworn, deposes and states the following:

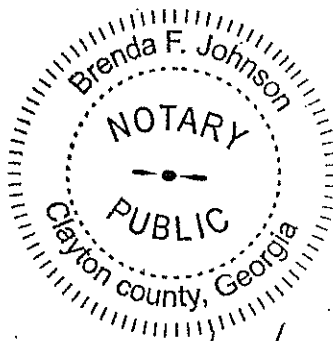
My name is Latoric Johnson I am over the age of eighteen years old and under no disabilities either artificial or natural. I reside at 3460 Kingsboro Rd NE Apt 342 Atlanta, Ga, 30326. I am a native and citizen of United States Of America and the wife of Abiola Adesida. In regards to providing requested documents to reflect established financial records such as; bank accounts and tax filing was most difficult to obtain due to my husband was without a social security number.

This 16th of _____ March, 2022.


Signature

Sworn to and subscribed
before me this the 16 day of March, 2022.


NOTARY PUBLIC

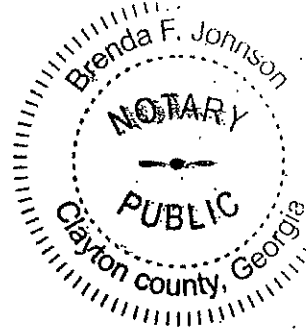


Exp: 8/11/2024.

Jane McDonald
400 Morris St
Vidalia, GA 30474
(954) 304-5536

RE:

Abiola Adesida
Latoric Johnson-Adesida
3460 Kingsboro Rd NE Apt 342
Atlanta, Ga, 30326



Brenda Johnson 11/9/2021
exp: 8/14/2024,

November 9, 2021

To Whom it May Concern,

I am pleased to write this letter on behalf of my daughter Latoric and son-in-law Abiola Adesida, whom in recent years applied for his change of immigration status.

My name is Jane McDonald and it's been a real privilege to know Abiola as a apart of our family, I have assist with providing temporary housing and support when needed financially or securing their needs to obtain and maintain housing. By this I've bare witness to their share living as I visited their home frequently while they resided in College Park GA, East Point GA and currently at 3460 Kingsboro Rd NE, Apt 342, Atlanta, Ga 30326 and while they occupied my home briefly 2019.

During the time I've known Abiola, he has been honest and trustworthy. He is always willing to go above and beyond what is expected of a son-in-law. He's respected and it's a joy when our family celebrate life events and milestones together. Abiola and Latoric get along well with everyone, and our family has embraced the two as one.

If any additional information is required concerning my association with my daughter Latoric and son-in-law Abiola Adesida please feel free to contact me.

Thank you for your time and consideration

Sincerely,

Jane McDonald.

Adebola Folajin Bamidele

440 Overlook turn,

Conyers, GA 30012

4044371421

US Department of Homeland security

US Citizenship and Immigration Services

Re: Abiola and Latoric Johnson Adesida, Third Party Affidavit.

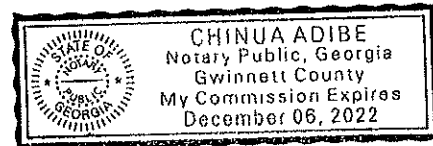
I, Adebola Folajin Bamidele of the above address wish to attest to the marital relationship between Abiola and Latoric Johnson Adesida who currently lives at, 3460 Kingsboro Rd NE Apt 342 Atlanta GA 30326.

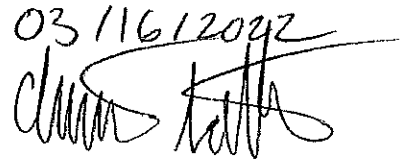
I have had knowledge of the marriage since 2018 and visited them at their residence on several occasions, I also Provided them with an affidavit of financial support. The relationship between Abiola and Latoric Johnson Adesida is an Ideal one which is worthy of emulation.

Please do not hesitate to contact me if you need any additional information about my knowledge of this marital relationship.

Sincerely,

Adebola Folajin Bamidele.

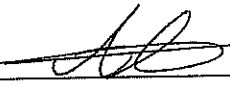


03/16/2022


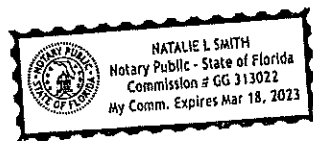
October 18, 2021

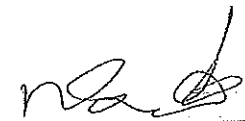
To whom it may concern:

I Adeola Bakare, residing at 1860 NW 42ND TER APT D208 LAUDERHILL FL 33313-5031 do hereby solemnly and swear/declare the following: being the sister to Abiola Adesida I have the privileged to bare witness to his marriage with Latoric. The two have often been a visitor to my home here in South Florida where my sister-in-law is a native. I have spent several personal milestones with them both from negotiations of my first automobile purchase to the birth of my son, embracing motherhood with their guidance. As family we maintain contact weekly by FaceTime conversations. I can contest to Abiola and Latoric's shared life together since June 2018. I make the above statement conscientiously believe the same to be true.

X 
Signed by Adeola Bakare

Sworn and subscribed before me, this 19 day Oct, 20 21



X 
(Notary Public)

Amuri Kelson
Shreveport, LA 71118
(954) 778-7645

RE:

Abiola Adesida
Latoric Johnson-Adesida
3460 Kingsboro Rd NE Apt 342
Atlanta, Ga, 30326

To Whom it May Concern,

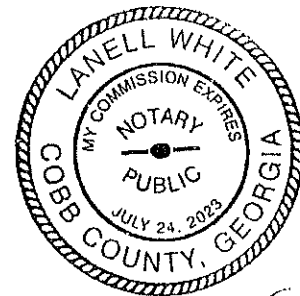
I am pleased to write this letter on behalf of my mother Latoric and stepfather Abiola, whom continue to be a major support system in my life by guidance, spiritual and emotionally.

My name is Amuri Kelson the eldest biological son of Latoric and at first it was a challenge to know Abiola as a part of our family; however, he has been nothing more than understanding, supportive of me and my brothers it was a challenge we quickly embraced. He has assisted our mother with the parenting of four boys willing and with grace. I never thought I'll be so proud to call another man dad. By this I've witness their share living as I visited their home frequently while they resided in College Park GA, East Point GA and currently at 3460 Kingsboro Rd NE, Apt 342, Atlanta, Ga 30326 and been an overnight guest at stated dwellings

During the time I've known my stepfather, He is always willing to go above and beyond what is expected of a stepfather. By showing us his culture food and cooking or preparing with my younger twin brother. He has showed me how to prepare a live chicken for meals and when I often acquire relationship hiccups, he has always been able to lend a listening ear. He's respected and it's a joy to be around. My family get along well and our family has embraced the two as one.

If any additional information is required concerning my association with my mother Latoric and stepfather Abiola Adesida please feel free to contact me.

Thank you for your time and consideration



Lanell White, Notary

Ahmad Kelson

Grambling, LA

404-512-6575

RE:

Abiola Adesida

Latoric Johnson-Adesida

3460 Kingsboro Rd NE Apt 342

Atlanta, Ga, 30326

To Whom it May Concern,

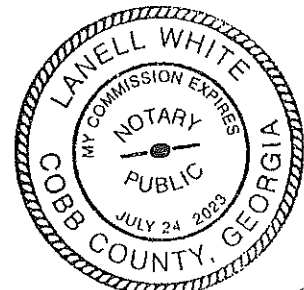
I am the second son to Latoric and most recent the Abiola's stepson. For me it's been intriguing to have my stepfather apart of my life and most important the most recent days during my journey to unawakening in my spiritual growth.

My name is Ahmad Kelson, but my stepfather often calls me "second" and it's been enlightened experience getting to know my stepfather as a apart of our family. He has been apart of some major events in my upbringing. Such as, senior night when my biological father wasn't available my stepfather stood in with no hesitation and with pride. He has advised me and encouraged me in areas of my life only a father can. And, to do that a man have to be around that young man often because of that I've shared and continue to share living space with both my mother and stepfather in the past and when I'm home on school break.

If any additional information is required concerning my association with my parents Latoric and Abiola Adesida please feel free to contact me.

Thank you for your time and consideration

Ahmad Kelson



Lanell White, Notary

MetroCPS Webpage Statement Screenshot



Hello, ABIOLA ADESIDA
LATORIC JOHNSON

History

Statements

Account and activation statements are available for the past 90 days.

DATE		VIEW	DOWNLOAD
11/2021	Statement	View	Download
10/2021	Statement	View	Download
09/2021	Statement	View	Download

Payment history

Payment history is available for the past 90 days.

[DOWNLOAD PDF](#)

[DOWNLOAD EXCEL](#)

ACCOUNT NUMBER	PAYMENT DATE	AMOUNT	PAYMENT TYPE	CONFIRMATION NUMBER
846549065	12/24/2021	\$62.00	Cash	412479378
846549065	12/16/2021	\$15.00	Cash	409477514
846549065	12/16/2021	\$6.00	Cash	409476678
846549065	12/07/2021	\$10.00	Cash	406219690

ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 1

ACCOUNT SUMMARY

Previous Balance	30.00
Payment Received	-30.00
Balance Forward	0.00
Total Adjustments	0.00
Total Current Charges	30.00
TOTAL AMOUNT DUE	30.00

Metro by T-Mobile
PO Box 601119
DALLAS, TX 75360-1119

Account Number	846549065
Phone Number	(404) 453-9202
Statement Date	03/01/22
Due Date	03/01/22
Amount Due	30.00
AMOUNT PAID	

Metro by T-Mobile PAYMENTS
PO Box 5119
CAROL STREAM, IL 60197-5119

8465490651 0000003000 1

**ACCOUNT INFORMATION**

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 2

FOR INQUIRIES CALL CUSTOMER SERVICE AT 1 - 888 - 8METRO8 OR *611

SUMMARY OF CHARGES THRU 03/01/22

Previous Balance.....	30.00
Payment Detail	
01/31/22 426168122 Cash.....	-30.00
Total Payments Received Through 02/28/22.....	-30.00
Balance Forward.....	0.00
Account level Adjustments.....	0.00
Subscriber Adjustments.....	0.00
Total Adjustments.....	0.00
Account level Charges.....	0.00
Subscriber Charges.....	29.76
Government Taxes & Fees	
Georgia State-State Sales Tax	0.11
Fulton County-County Sales Tax	0.05
Atlanta City-City Sales Tax	0.05
Atlanta Sec - city-Local Sales Tax	0.03
Total Current Charges.....	30.00
Total Amount Due by 03/01/22.....	30.00



ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 3

CELLULAR SERVICE

MONTHLY CHARGES FOR (404) 453-9202

MONTHLY SERVICE 03/01 --> 03/29 \$30 Talk Text 5GB HS Data.....	30.00
Total Monthly Charges.....	30.00

ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 1

ACCOUNT SUMMARY

Previous Balance	276.00
Payment Received	-276.00
Balance Forward	0.00
Total Adjustments	0.00
Total Current Charges	80.00
TOTAL AMOUNT DUE	80.00

Metro by T-Mobile
PO Box 601119
DALLAS, TX 75360-1119

Account Number	846549065
Phone Number	(404) 453-9202
Statement Date	01/30/22
Due Date	01/30/22
Amount Due	80.00
AMOUNT PAID	

Metro by T-Mobile PAYMENTS
PO Box 5119
CAROL STREAM, IL 60197-5119

8465490651 0000008000 6

**ACCOUNT INFORMATION**

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 2

FOR INQUIRIES CALL CUSTOMER SERVICE AT 1 - 888 - 8METRO8 OR *611

SUMMARY OF CHARGES THRU 01/30/22

Previous Balance.....	276.00
-----------------------	--------

Payment Detail

12/16/21	409476678	Cash.....	-6.00
12/04/21	405104008	Cash.....	-10.00
12/07/21	406219690	Cash.....	-10.00
12/01/21	403419012	Cash.....	-15.00
12/05/21	405509455	Cash.....	-15.00
12/16/21	409477514	Cash.....	-15.00
01/04/22	416756334	Cash.....	-19.00
12/02/21	404017091	Cash.....	-20.00
12/03/21	404702492	Cash.....	-20.00
12/24/21	412479378	Cash.....	-62.00
11/27/21	401663884	Single Purchase.....	-84.00

Total Payments Received Through 01/29/22.....	-276.00
-----------------------------------------------	---------

Balance Forward.....	0.00
----------------------	------

Account level Adjustments.....	0.00
--------------------------------	------

Subscriber Adjustments.....	0.00
-----------------------------	------

Total Adjustments.....	0.00
------------------------	------

Account level Charges.....	0.00
----------------------------	------

Subscriber Charges.....	79.87
-------------------------	-------

Government Taxes & Fees

Georgia State-State Sales Tax	0.06
Fulton County-County Sales Tax	0.03
Atlanta City-City Sales Tax	0.03
Atlanta Sec - city-Local Sales Tax	0.01

Total Current Charges.....	80.00
----------------------------	-------

Total Amount Due by 01/30/22.....	80.00
-----------------------------------	-------



ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202
	PAGE 3

CELLULAR SERVICE

MONTHLY CHARGES FOR (404) 453-9202

MONTHLY SERVICE 01/30 --> 02/28 \$60 UNL LTE w/15GB HS Plan.....	60.00
MONTHLY SERVICE 01/30 --> 02/28 10GB Extra Monthly Data.....	20.00
Total Monthly Charges.....	80.00

ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202
	PAGE 1

ACCOUNT SUMMARY

Previous Balance	30.00
Payment Received	-30.00
Balance Forward	0.00
Total Adjustments	0.00
Total Current Charges	30.00
TOTAL AMOUNT DUE	30.00

Metro by T-Mobile
PO Box 601119
DALLAS, TX 75360-1119

Account Number	846549065
Phone Number	(404) 453-9202
Statement Date	03/01/22
Due Date	03/01/22
Amount Due	30.00
AMOUNT PAID	

Metro by T-Mobile PAYMENTS
PO Box 5119
CAROL STREAM, IL 60197-5119

8465490651 0000003000 1

**ACCOUNT INFORMATION**

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 2

FOR INQUIRIES CALL CUSTOMER SERVICE AT 1 - 888 - 8METRO8 OR *611

SUMMARY OF CHARGES THRU 03/01/22

Previous Balance.....		30.00
Payment Detail		
01/31/22 426168122 Cash.....	-30.00	
Total Payments Received Through 02/28/22.....		-30.00
Balance Forward.....		0.00
Account level Adjustments.....	0.00	
Subscriber Adjustments.....	0.00	
Total Adjustments.....		0.00
Account level Charges.....	0.00	
Subscriber Charges.....	29.76	
Government Taxes & Fees		
Georgia State-State Sales Tax	0.11	
Fulton County-County Sales Tax	0.05	
Atlanta City-City Sales Tax	0.05	
Atlanta Sec - city-Local Sales Tax	0.03	
Total Current Charges.....		30.00
Total Amount Due by 03/01/22.....		30.00



ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 3

CELLULAR SERVICE

MONTHLY CHARGES FOR (404) 453-9202

MONTHLY SERVICE 03/01 --> 03/29 \$30 Talk Text 5GB HS Data.....	30.00
Total Monthly Charges.....	30.00

ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 1

ACCOUNT SUMMARY

Previous Balance	276.00
Payment Received	-276.00
Balance Forward	0.00
Total Adjustments	0.00
Total Current Charges	80.00
TOTAL AMOUNT DUE	80.00

Metro by T-Mobile
PO Box 601119
DALLAS, TX 75360-1119

Account Number	846549065
Phone Number	(404) 453-9202
Statement Date	01/30/22
Due Date	01/30/22
Amount Due	80.00
AMOUNT PAID	

Metro by T-Mobile PAYMENTS
PO Box 5119
CAROL STREAM, IL 60197-5119

8465490651 0000008000 6

**ACCOUNT INFORMATION**

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202

PAGE 2

FOR INQUIRIES CALL CUSTOMER SERVICE AT 1 - 888 - 8METRO8 OR *611

SUMMARY OF CHARGES THRU 01/30/22

Previous Balance.....	276.00
-----------------------	--------

Payment Detail

12/16/21	409476678	Cash.....	-6.00
12/04/21	405104008	Cash.....	-10.00
12/07/21	406219690	Cash.....	-10.00
12/01/21	403419012	Cash.....	-15.00
12/05/21	405509455	Cash.....	-15.00
12/16/21	409477514	Cash.....	-15.00
01/04/22	416756334	Cash.....	-19.00
12/02/21	404017091	Cash.....	-20.00
12/03/21	404702492	Cash.....	-20.00
12/24/21	412479378	Cash.....	-62.00
11/27/21	401663884	Single Purchase.....	-84.00

Total Payments Received Through 01/29/22.....	-276.00
-----------------------------------------------	---------

Balance Forward.....	0.00
----------------------	------

Account level Adjustments.....	0.00
--------------------------------	------

Subscriber Adjustments.....	0.00
-----------------------------	------

Total Adjustments.....	0.00
------------------------	------

Account level Charges.....	0.00
----------------------------	------

Subscriber Charges.....	79.87
-------------------------	-------

Government Taxes & Fees

Georgia State-State Sales Tax	0.06
-------------------------------------	------

Fulton County-County Sales Tax	0.03
--------------------------------------	------

Atlanta City-City Sales Tax	0.03
-----------------------------------	------

Atlanta Sec - city-Local Sales Tax	0.01
------------------------------------------	------

Total Current Charges.....	80.00
----------------------------	-------

Total Amount Due by 01/30/22.....	80.00
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ACCOUNT INFORMATION

Account Name	ABIOLA ABIOLA ADESIDA LATORIC
Account Number	846549065
Phone Number	(404) 453-9202
	PAGE 3

CELLULAR SERVICE

MONTHLY CHARGES FOR (404) 453-9202

MONTHLY SERVICE 01/30 --> 02/28 \$60 UNL LTE w/15GB HS Plan.....	60.00
MONTHLY SERVICE 01/30 --> 02/28 10GB Extra Monthly Data.....	20.00
Total Monthly Charges.....	80.00

Georgia Power Company
PO BOX 4545
Atlanta, GA 30302-4545

Account Number: 45219-52236
3460 KINGSBORO RD NE

Our records indicate your electric service account is past due in the amount of \$297.79. To avoid your electric service being disconnected for nonpayment, we must receive \$144.73 prior to November 11, 2021. If you have any questions, please contact us at 1-877-403-7149.

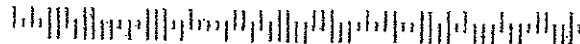
Please do not mail payment. You can pay on our website, mobile application, by phone or Authorized Payment Location. Visit georgiapower.com/paymentoptions for details.

Failure to pay your electric service bill each month by the due date could result in the requirement of a deposit or additional deposit even though service is not disconnected. If full payment has already been made, please disregard this notice. (See back for additional information.)

PRESORTED FIRST-CLASS
MAIL U.S. POSTAGE PAID
ATLANTA, GA
Permit No. 731

ABIOLA A ADESIDA
3460 KINGSBORO RD NE
APT 342
LATORIC JOHNSON-ADESIDA
ATLANTA GA 30326

IAAYSP1 30326



Georgia Power Company
PO BOX 4545
Atlanta, GA 30302-4545

Account Number: 45219-52236
3460 KINGSBORO RD NE

Our records indicate your electric service account is past due in the amount of \$297.79. To avoid your electric service being disconnected for nonpayment, we must receive \$144.73 prior to November 11, 2021. If you have any questions, please contact us at 1-877-403-7149.

Please do not mail payment. You can pay on our website, mobile application, by phone or Authorized Payment Location. Visit georgiapower.com/paymentoptions for details.

Failure to pay your electric service bill each month by the due date could result in the requirement of a deposit or additional deposit even though service is not disconnected. If full payment has already been made, please disregard this notice. (See back for additional information.)

PRESORTED FIRST-CLASS
MAIL U.S. POSTAGE PAID
ATLANTA, GA
Permit No. 731

ABIOLA A ADESIDA
3460 KINGSBORO RD NE
APT 342
LATORIC JOHNSON-ADESIDA
ATLANTA GA 30326

IAAYSP1 30326




Adesida 2019 Gas Bill

PERSONAL & CONFIDENTIAL

March 5, 2019

444 Hg
S
To



ACCOUNT SUMMARY	
Creditor: Infinite Energy, Inc.	Principal Due:
Account No: 1568444506	Collection Charge Due:
I.C. System Reference No: 168864372-1-59	BALANCE DUE:
	\$0.00 has been paid since pl

Latonic Johnson
1146 Summer Brook Rd
Atlanta, GA 30349-6744

Latonic Johnson:
You are eligible to settle your account for a substantially reduced amount. To take advantage
our office at 866-379-7820.

Infinite Energy, Inc. is both the original and current creditor to whom this debt is owed.
If you will be receiving a tax refund and would like to use it to pay your account, please call
arrangements.

We are a debt collector attempting to collect a debt and any information obtained will be used

Adesida cell phone bill

metro by T-Mobile Authorized Dealer

SUPREME PEACHTREE
3303 PEACHTREE RD NE, UNIT 1
ATLANTA, GA 30326
404-440-9532

*** RE-PRINT ***

INVOICE: 80494 DATE: 01/04/2023 09:58:32
ACCOUNT: 40260 EMP ID: ASIA
NAME: ASOLIA ADESIDA 3303 PEACHTREE RD NE

80494

QTY	PRICE	DISC	NET	TAX	TOTAL
1	119.00		119.00	0.00	119.00

104453701 FEATURE CHARGE (PAYFC1348570046)
1 119.00 0.00 119.00 0.00 119.00
Due Date: 01/22/2023 (2% of each month)

Phone: 404453702
Config: PAYFC1348570046
Carrier: 416758374

SUBTOTAL:	\$119.00
TAX:	\$0.00
TOTAL:	\$119.00
CASH:	\$119.00
Cash PAID:	\$20.00
CHANGE:	\$1.00

There are no returns, refunds, or credits for prepaid services (see monthly service application download, add-ons and other fees). Return policy is for new device activations only. Device upgrades are non-refundable and non-returnable, but may be covered by a limited manufacturer's warranty, if applicable. There are no returns, refunds, or credits for any other item not listed above.

Returned Payment Policy
If your payment is dishonored or returned, we may charge you a returned payment fee of the highest amount permissible by law, and we may also generate a draft or electronically debit your account for any fee amount due, all as allowed by law.
More information can be found on Metrobyt-mobile.com.

MESSAGE CENTER

Clayton County Water Authority
1600 Battle Creek Road
Morrow, Georgia 30260-4302
www.ccwa.us (770) 960-5200

All CCWA locations will be closed on November 12th in observance of Veteran's Day. Additionally, our offices will be closed on November 22nd and 23rd for the Thanksgiving holiday.

Please refer to the back of this statement for our payment options and additional information.

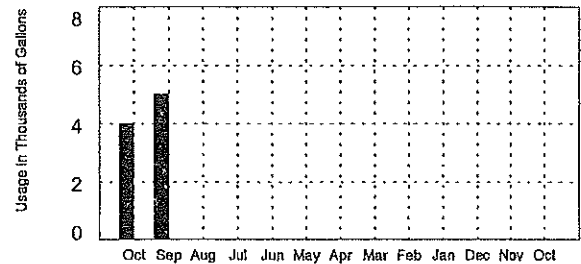
Account Number		Name				Service Address			
107922-24		ABIOLA ADESIDA AND LATORIC JOH				1146 SUMMER BROOK RD L14B			
		Read Dates				Meter Reading			
Bill Date	Meter Number	Previous	Present	Billing Days	Reading Type	Previous	Present	Usage in Thousands	Reading Cycle
10/16/18	0009554971	8/31/18	10/1/18	31	Actual	606	610	4	10

Amount From Previous Bill	Late Charges Added	Payments	Charges	Credits	Balance Forward	Current Charges	Total Amount Due
97.53	9.74	0.00	0.00	0.00	107.27	51.02	158.29

Amount From Previous Bill 97.53
LATE FEE 10/10/2018 9.74

	RATE	USAGE	CHARGES
Water Base Charge			10.05
Water Conservation Tier 1	2.37	3	7.11
Water Conservation Tier 2	5.68	1	5.68
Total - Water Charges			22.84
Sewer Base Charge			10.73
Sewer Residential Tier 1	2.56	3	7.68
Sewer Residential Tier 2	6.02	1	6.02
Total - Sewer Charges			24.43
Total - Stormwater Charges			3.75

Usage Information



	1 Year Ago	Last Month	This Month
Total 1K Gallons	0	5	4
Days in Billing Period	0	42	31

CURRENT CHARGES 51.02
TOTAL AMOUNT DUE 158.29

10% Late Fee added if current charges are not paid by 11/5/18



381 0616
381 0616

*****To avoid disconnection please pay on or before 10/24/2018 *****



Clayton County Water Authority
1600 Battle Creek Road
Morrow, Georgia 30260-4302
www.ccwa.us (770) 960-5200

RETURN SERVICE REQUESTED

Account Number 107922-24
Past Due Amount 107.27
Disconnect Date for Past Due Amount 10/24/2018
Current Charges Due (11/5/18) 51.02
Total Amount Due 158.29

Payment Amount

003803



****AUTO**5-DIGIT 30349 3803 T15:15 3803 1 AV 0.375
ABIOLA ADESIDA AND LATORIC JOH
1146 SUMMER BROOK RD # L14B
COLLEGE PARK GA 30349-6744



CLAYTON COUNTY WATER AUTHORITY
P.O. BOX 117195
ATLANTA, GA 30358-7195

10107922240000158290000163384

Clayton County Water Authority

1600 Battle Creek Road, Morrow, GA 30260

Customer Service Hours: Monday - Friday 8 a.m. - 5 p.m., Excluding Holidays

770.960.5200 ~ www.ccwa.us

**Important Numbers**

To report a water, sewer or stormwater emergency, call 770.960.5200.

To speak to a Customer Service Representative during business hours, call 770.960.5200, then press 2.

Payment Options

• **Automated Draft** – Download an application for this service at www.ccwa.us

• **Phone/Online** – Call 1.877.467.5110 or visit us on the web at www.ccwa.us to pay by Visa, MasterCard, American Express or Discover, with an ATM debit card (Star, Pulse, NYCE, ACCEL), or by ACH/electronic check. Our service provider, Speedpay, charges a \$1.25 convenience fee for this service.

• **Pay at Walmart** – Wal-mart offers walk-in bill paying services for a small convenience fee with payments delivered to CCWA within up to three (3) business days.

• **Pay in Person** – Two locations are open Monday – Friday from 8 a.m. – 5 p.m., excluding holidays:

1600 Battle Creek Road, Morrow, GA 30260
526 Forest Parkway, Suite A, Forest Park, GA 30297

• **Mail** – Include payment stub from your bill and include your account number and telephone number on your check to ensure prompt and accurate posting of your payment. Mail payments in the return envelope provided to:

Clayton County Water Authority
1600 Battle Creek Road,
Morrow, GA 30260

• **Drop Boxes** – Drop boxes are located at both Customer Service locations listed above, plus the following two locations:

Terry R. Hicks Water Production Facility
1693 Freeman Road, Jonesboro, GA 30236
Riverdale City Hall
6690 Church Street, Riverdale, GA 30274

Important Customer Information

- Current charges are due twenty (20) days after the Bill Date.
- A 10% late fee based on the current charges will be assessed to all accounts where the current charges are not remitted by the due date.
- Water/sewer service is contingent upon receipt of payment of entire bill by the due date.
- Failure to receive a bill does not waive the late fee or requirement to pay.
- Payment must be received by the due date in order to avoid fees and disconnection.
- Failure to pay charges may result in a lien on the property for all delinquent charges incurred by account holder.
- A \$30 service fee will be assessed to all accounts where a check payment has been returned listed as Non Sufficient Funds (NSF).
- Theft of water services is illegal. Tampering with meters, locks and equipment can result in fines up to \$1,500 and potential criminal prosecution.
- Please send change of address or telephone number to CCWA_CustomerService@ccwa.us, or call 770.960.5200.
- Deposit assessments are eligible for refund to the account after two (2) years of satisfactory payment history has been established. Customers wishing to receive a refund check for their deposit, may request the refund with the CCWA Customer Service department.
- A disconnection fee of \$40 will be assessed to all accounts that are scheduled to be disconnected for non payment. The disconnection fee along with any outstanding balances are required in full, prior to water utility restoration.
- CCWA will provide same day reconnection of water utility services for accounts that have been disconnected for non payment if all outstanding balances and the disconnect fee are paid before 3 p.m.

Billing Disputes

If you think your bill is incorrect, please contact us using one of the following:

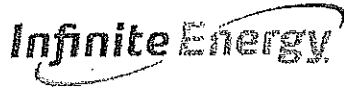
Mail: Clayton County Water Authority
 1600 Battle Creek Road Morrow, GA 30260

Fax: 770.960.5667
Email: CCWA_CustomerService@ccwa.us

Please include your service address, CCWA billing account number and a valid contact telephone number. In order to avoid late fees or disconnection, you must contact us to file your dispute prior to the bill Due Date. Customers are not responsible for paying any disputed amount on the bill while the bill is in dispute. However, you are still obligated to pay the portion of your bill that is not in dispute by the stated Due Date.

If undisputed charges are not paid in a timely manner, you may be assessed a Late Charge, and your service may be subject to interruption.

- CCWA will acknowledge receipt of your filed dispute within 1 business day of receipt.
- CCWA will follow up and resolution of the dispute will occur within 5 business days after receipt of the filed dispute.
- Once CCWA provides resolution of the bill dispute to the customer, the customer shall remit payment for the amount in question within 10 calendar days or make contact with CCWA Customer Service to set up payment arrangements.



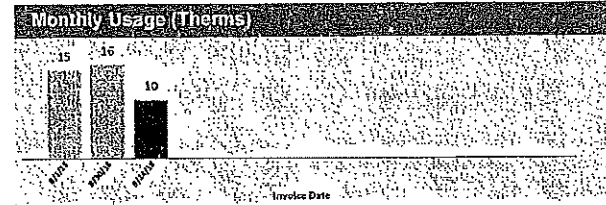
Billing Inquiries: 770-661-1870 (Atlanta/Local) / 1-877-342-5434 (Toll Free), Hours: 8-7 M-F
For Emergencies (24 hours a day): AGLC 1-877-427-4321 (toll free), 770-907-4231

Service Address:
1146 SUMMER BROOK RD
ATLANTA, GA 30349-6744

Account Number: 1568444506
Account Name: LATORIC JOHNSON
AGLC Account: 8866011532
Invoice Number: 15684445061810
Invoice Date: 9/24/2018
Due Date: 10/15/2018

Rate Type: Fixed
DDDC: 1.382725

LATORIC JOHNSON
1146 SUMMER BROOK RD
ATLANTA, GA 30349-6744



Important Messages & Account Notices

Pay your bills online at www.InfiniteEnergy.com



Facebook.com/InfiniteEnergy



Twitter.com/InfiniteEnergy

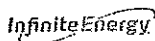
Detail of Charges	Amount	Amount
Previous Balance	\$134.36	
Payment Received	\$0.00	
Balance Forward	\$134.36	
Actual Charges		
Gas Charges	\$6.17	
AGLC Base Charges SEPTEMBER 2018	\$25.41	
Early Termination Fee/Assessment	\$150.00	
Recovery Fee/Assessment	\$231.00	
Customer Service Fee	\$9.95	
		Deposit Due \$0.00
		Subtotal \$556.89
		Taxes \$3.32
		Total Due on or before 10/15/2018 \$560.21
Major Number	Days of Service	Read Begin
001062001	17	8/24/2018
	Read End	Previous Read
	9/10/18	8896
	Current Read	8906
	CCF's Used	10.0000
	BTU Factor	1.0290
	Therms Used	10.3000
	Therm Rate	0.599000
	Gas Charges	6.17

LATE FEE REMINDER: A LATE FEE WILL BE APPLIED TO ANY BALANCE UNPAID BY THE DUE DATE SPECIFIED ABOVE IN THE AMOUNT OF \$10.00 OR 1.5% OF THE UNPAID BALANCE, WHICHEVER IS GREATER, AS PERMITTED BY THE GEORGIA PUBLIC SERVICE COMMISSION.

page 1

RETURNED PAYMENTS: A \$30.00 FEE IS CHARGED FOR ALL RETURNED PAYMENTS

Please tear off this portion and return it with your payment in the enclosed envelope.



Please check the appropriate box if applicable:

- ☐ Name, address, email or phone changes on back
- ☐ Correspondence enclosed

Payment Amount:

\$ 560.21

Customer Number:
Payment Due Date:

1568444506
10/15/2018

Total Amount Due

\$560.21

Please enter your customer number on all remittances and make your check payable to Infinite Energy. Cash is not accepted.

-Please allow 7-10 days for processing time.

Infinite Energy Inc-GAS
PO Box #71247
Charlotte, NC 28272-1247

020000000000156844450610151800000560215



PAYMENT METHODS

Mail check or money order (not cash) to:

Infinite Energy Inc-GAS
PO Box #71247
Charlotte, NC 28272-1247

-Please allow 7-10 days for processing time.

Overnight Payments Only:

First Data/REMITCO
Infinite Energy - Box #71247
6125 Lakeview Road Suite 800
Charlotte, NC 28269

-If payment arrives after the due date, credit may not appear on the next bill.

-Payment for delinquent balances must be paid by certified funds.

Western Union Quick Collect:

Pay by cash at any location or call (800) 634-3422 to pay by credit card; additional charges may apply. Call (800) 325-6000 to locate an Agent near you.

City Code/State Code: IEI/FL

Credit Card and Bank Payments:

Call (877) 342-5434. We're available Monday through Friday, 8 a.m. to 7 p.m. Eastern, but you can make payments 24/7 through our automated phone system.

You can also make payments any time at InfiniteEnergy.com or through our mobile app for Apple or Android.

MoneyGram Express Payment:

Include Customer Number

Pay to: Infinite Energy Gas | Receive code: 11595

You can also visit www.moneygram.com to find a location nearest you, or call 1-800 MONEYGRAM for more information about using this payment service.

DEFINITIONS

DDDC: Dedicated Design Day Capacity, or premise demand factor; the maximum amount of gas volume dedicated to your use; calculated by AGLC annually based on the maximum number of therms recorded by your meter on the most demanding day of the year.

BTU Factor: Converts measured gas volume (CCFs) into therms

CCF: Measurement of gas volume in hundreds of cubic feet

Base Charge: A utility fee charged by AGLC for the safe, reliable transportation and delivery of gas to your premises

Customer Service Charge: A fee covering the cost of account maintenance

PSC: Georgia Public Service Commission (www.psc.state.ga.us)

AGLC: Atlanta Gas Light Company

IMPORTANT THINGS TO REMEMBER

Credit: Your credit must be satisfactory to IEI. IEI reserves the right to review payment and credit history at any time to determine eligibility for reconnection of service. IEI may deny your request for reconnection based on a review of your credit worthiness.

Delinquent Bills and Disconnection Policy: Delinquent accounts may also be subject to service disconnection and a disconnection fee. Infinite Energy may refer overdue accounts to a collection agency. You are responsible for any collection agency fees attributed to your account.

Cancellation Policy: You may terminate this Agreement before the end of the term subject to the early termination fee language in your agreement with Infinite Energy. Customers should notify Infinite Energy immediately of their intent to cancel this agreement prior to the end of the term.

Cancellation for Non-Payment: Infinite Energy reserves the right to cancel service under this agreement for non-payment in accordance with any then existing applicable PSC Rules and AGLC Tariff on file. In the event that service is cancelled due to non-payment, the customer shall be billed for all outstanding balances, the early termination fee, and any other costs or damages incurred. In the event of termination by Infinite Energy for non-payment, IEI will provide You and AGLC with notice in accordance with the rules of the PSC prior to disconnecting for non-payment.

Complaint Procedure: If you wish to make a complaint about your Infinite Energy services, you may contact our Customer Care Center by mail at PO Box #71247, Charlotte, NC 28272-1247; by telephone at (770) 661-1870 or toll-free at (877) 342-5434; by facsimile at (352) 332-1936; or by email at Care@InfiniteEnergy.com. Our representatives are available Monday through Friday, 8 a.m. to 6 p.m. EST. You may also contact the Consumer Affairs Division of the Georgia PSC by telephone at (404) 656-4501 (Metro Atlanta) or toll-free at (800) 282-5813.

Disputed Invoices: If you dispute the amount of any bill, you must notify Infinite Energy in writing of the circumstances of the dispute. Infinite Energy will attempt to resolve the dispute with you within 30 days of such notification. You are still responsible for paying the non-disputed amount by the due date.

Renewal: Following expiration of the initial term, service will renew at the variable rate then in effect, unless other arrangements are made prior to expiration.

page 2

ALL METER SERVICES ARE PROVIDED BY ATLANTA GAS LIGHT COMPANY (<http://www.aglc.com>)

If you have entered information below, please fill in the box on the front of this return payment coupon.

Please Change Name or Mailing Address To:

Payment Options:

Credit card (residential only) and electronic bank payments (ACH) can be made at InfiniteEnergy.com or by calling our automated voice system toll-free at (877) 342-5434. This option is not available for delinquent balances pending disconnection.

By mail, send check or money order (cash not accepted) to Infinite Energy Inc-GAS PO Box #71247 Charlotte, NC 28272-1247

☐ Check here if your change of address is due to a move

New Email Address:

New Telephone Number:



September 24, 2018

Latoric Johnson
1146 Summer Brook Rd
Atlanta, Georgia 30349-6744

RE: Account No(s): 1568444506 – File No: 18-11553-0
Service Address: 1146 SUMMER BROOK RD ATLANTA GA 30349-6744

Past Due Reminder

Dear Customer,

We thank you for your business with Infinite Energy. A final review of your account(s) indicates a total outstanding balance of \$560.21, and some portion of this total balance is past due. Attached, you will find your unpaid invoice(s). To fully close out your account(s), and avoid any further action, these invoices should be paid no later than 20 days from the date of this letter. Please be advised, however, that payments made within the 20 day time frame may still be subject to a late fee. This will be the case if the invoice being paid is paid after its particular due date.

If you need any additional information regarding your account(s), or any charges contained thereon, or would like to set up a payment arrangement, please contact us in any of the following ways:

- A. Phone: 352-313-3035;
- B. Fax: 352-333-7480; or
- C. Email: legaldept@infiniteenergy.com

We look forward to amicably resolving these matters with you and would like to once again thank you for your business. If the above amounts have been paid, please disregard this letter

Respectfully,

Infinite Energy

IPR



2791 East Point Street
East Point, Georgia 30344
(404) 270-7010 Office
(404) 559-4438 Fax

For Office Use Only:

Customer ID: _____

Location ID: _____

Connect Date: _____

Initials: _____

Equifax Fee: _____

Security Deposit: _____

Connect Fee: _____

Reconnection Fee: _____

Same Day Fee: _____

OWN

RENT

APPLICATION FOR RESIDENTIAL UTILITY SERVICE:NAME OF APPLICANT: Abiola AdesidaSERVICE ADDRESS: 4060 Junice Dr B11East Point GA 30344BILLING ADDRESS: SAB

City _____ State _____ Zip _____

SS#: N/A DRIVER'S LICENSE #: NV-2018-268344DATE OF BIRTH: 12/25/1976 PHONE #: 470-435-5614HAVE YOU HAD SERVICE WITH THE CITY OF EAST POINT BEFORE? YES ☒ NOPREVIOUS ADDRESS: N/AEMAIL ADDRESS: 10determiningwell@gmail.comMARITAL STATUS: MARRIED SPOUSE'S NAME: _____ SS#: 1 1SINGLE
DIVORCEDMEMBER OF HOUSEHOLD ON LIFE-SUPPORT: ☒APPLICANT'S EMPLOYER: Self-employedADDRESS: _____ PHONE#: 470 435-5614SPOUSE'S EMPLOYER: N/A

ADDRESS: _____ PHONE#: () _____

EMERGENCY CONTACT (other than spouse): Latone Johnson 954 218-71

I understand the following: (1) falsification of any of the above information may result in immediate discontinuance of utility service without notice; (2) there will be a charge of \$60.00 connection fee (3) there will be a charge of \$5.00 for a check credit; (4) failure to pay my utility accounts in accordance with the Customer Care Department's policies will result in discontinuance of service; (5) failure to pay my final bill after any deposit refunds will result in the account being submitted to collections. I will, as a result, incur all collection costs.

I hereby acknowledge that I authorized Customer Care Department to obtain a credit report for my account from Equifax Inc. when I opened my account.

SIGNATURE/ TITLE [Signature] DATE 10/8/19



WAIVER OF LIABILITY TO CONNECT UTILITY SERVICES

The policy of the City of East Point Utilities is that the service is not connected without a responsible party on the premises. To allow for service connection at any time (whether or not a responsible party is on the premises), this waiver of liability form must be completed and signed by the property owner/renter/occupants and filed with the City East Point's Customer Care Department. This waiver must be completed every time the service is connected.

This **WAIVER OF LIABILITY** is entered into this 8th day of Oct 2019 between the City of East Point Utilities, and (name) Abiola Adesida (Property Owner/Renter/Occupant).

The Property that is being connected is located at 4060 Junice Dr B 11.

Property Owner/Renter/Occupant desires for the Utility services to be connected at this location at any time whether or not a responsible party is on the premises. The City of East Point Utilities will agree to connect the Utility services without a responsible party being on the premises only upon the completion and filing of this agreement with the City of East Point's Customer Care Department.

RELEASE AND WAIVER OF LIABILITY: Property Owner/Renter/Occupant hereby RELEASES, WAIVES and DISCHARGES the City of East Point Utilities, its successors and assigns, and its officers, employees, agents and consultants, from all liability, loss, claims, damages, possible or actual causes of action, cost, attorneys' fees, and other expenses arising from any actions, claims, arbitrations, demands or lawsuits that may otherwise accrue, including claims for or relating to damages, loss or injury to persons or property, in any way resulting from or related to the connection of the Utility services to this property, from any cause whatsoever.

By signing below, I am stating that I have read this agreement and understand the possible ramifications of allowing Utility services connection without a responsible party on the premises and that I am the owner/renter/occupant of the property listed above:

Property Owner/Renter/Occupant Signature [Signature]
Property Owner/Renter/Occupant Name (please print) Abiola Adesida
Date Signed 10/08/2019 Phone Number 470-4355614

CLAYTON COUNTY MAGISTRATE COURT

CASE# 2018CM26443 RB Patho
Position 23 of 23

DISPOSSESSORY CALENDAR

LATORIC JOHNSON ETAL
1146 SUMMER BROOK RD
COLLEGE PARK GA 30349

* THIS IS YOUR NOTICE *
* TO APPEAR IN COURT *

PLEASE SEE IMPORTANT COURT INSTRUCTIONS
AT THE BOTTOM OF THIS NOTICE

2018CM26443 DIS 10/22/2018

EMMANUEL AND ELIZABETH (PLA)
OBI EMMANUEL (PLA)
VS.
JOHNSON LATORIC ETAL (DEF)
ADESIDA ABIOLA (DEF)

PRO SE
PRO SE

PRO SE
PRO SE

The trial of this case will be held before Judge RICHARD BROWN
at 01:30 PM on OCTOBER 22, 2018 in Courtroom 203 of the Harold R. Banke
Justice Center located at 9151 Tara Blvd. Jonesboro GA 30236.
Automated directions may be obtained by calling (678) 479-5333 or visit
[HTTP://WWW.CLAYTONCOUNTYGA.GOV/HRBANKEDIRECTIONS](http://WWW.CLAYTONCOUNTYGA.GOV/HRBANKEDIRECTIONS)

For more information, go to: <http://www.claytoncountyga.gov/courts>

Failure of the Plaintiff to attend may result in dismissal of the claim for lack of
prosecution. Failure of the Defendant to attend may result in the entry of a judgement
in favor of the Plaintiff. Do not be late. If you are not present in the courtroom when
the calendar is called, your case will be jeopardized.

The Court will hear all the evidence at the time of trial. You should bring any
documents, receipts, canceled checks, photographs or other similar documents with
you for the trial. If any of your documents were prepared by a person who is not a
party to this case, you should have the person who prepared the document present to
testify as to the contents of the document. Letters from witnesses and damage
estimates, even if notarized, are generally not admissible as evidence. Failure to do so
may result in the evidence being ruled inadmissible. The Court does not call witnesses
on the telephone. While parties to actions filed in Magistrate Court are not required
to have an attorney, please remember that the rules of evidence contained in Georgia
law still apply. Evidence or testimony not presented properly will not be considered.

If either party has witnesses that will not voluntarily appear for trial or needs
documents produced that are in the custody of a third person, you may obtain
subpoenas from the Clerk of Court. It is the responsibility of the party sending the
subpoena to have it served in the manner provided by law.

IN THE STATE COURT OF CLAYTON COUNTY
STATE OF GEORGIA

RECEIVED & FILED
Dec 14 2018
Tiki Brown
CLERK, STATE COURT
CLAYTON COUNTY

November Term, 2018

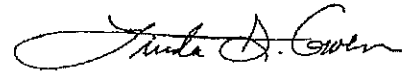
Criminal Action No. 2018CR02464-D

STATE OF GEORGIA vs. ABIOLA AFMEF ADESIDA

COUNT I POSSESSION OF MARIJUANA ONE OUNCE OR LES

The States Motion for Nolle Prosequi for the charge is Granted.

SO ORDERED, this 14th day of December, 2018.
SEE ATTACHED ADDENDA, if ANY.

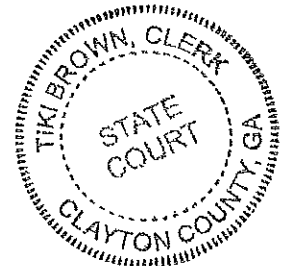


Linda S. Cowen
Judge, State Court
Clayton Judicial Circuit

I certify that this
is a true copy of
the original document.

TIKI BROWN
Clerk State Court
Clayton County, Georgia

By 
Deputy Clerk



IN THE STATE COURT OF CLAYTON COUNTY
STATE OF GEORGIA

RECEIVED & FILED
Feb 17 2017
Tiki Brown
CLERK, STATE COURT
CLAYTON COUNTY

February Term, 2017

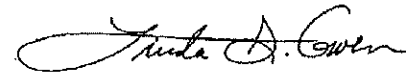
Criminal Action No. 2016CR10418-D

STATE OF GEORGIA vs. ABIOLA ADESIDA

COUNT I POSSESSION OF MARIJUANA ONE OUNCE OR LES
The States Motion for Nolle Prosequi for the charge is Granted.

COUNT II OBSTRUCTING AN OFFICER
The States Motion for Nolle Prosequi for the charge is Granted.

SO ORDERED, this 17th day of February, 2017.
SEE ATTACHED ADDENDA, if ANY.

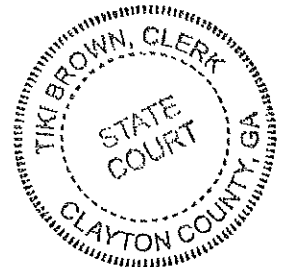


Linda S. Cowen
Judge, State Court
Clayton Judicial Circuit

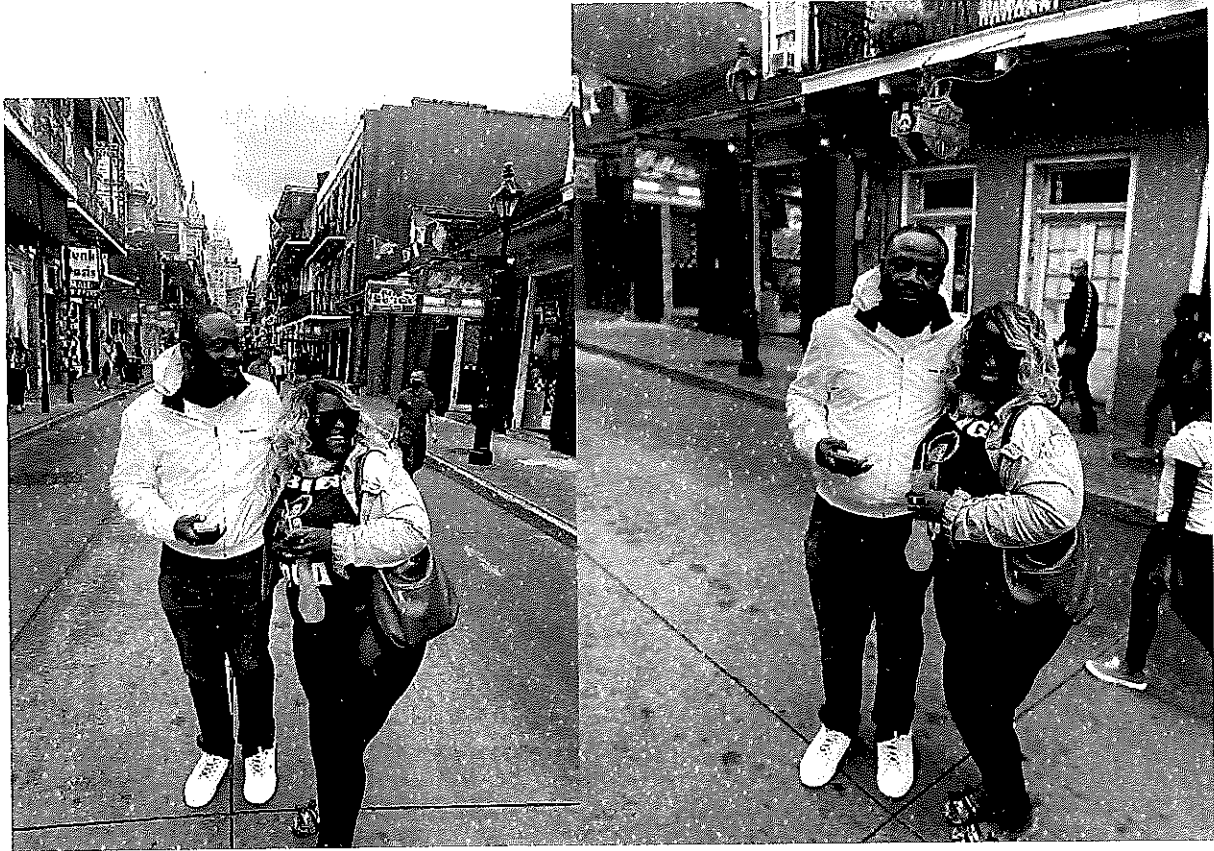
I certify that this
is a true copy of
the original document.

TIKI BROWN
Clerk State Court
Clayton County, Georgia

By *[Signature]*
Deputy Clerk



Photos from our Thanksgiving 2020 trip to New Orleans



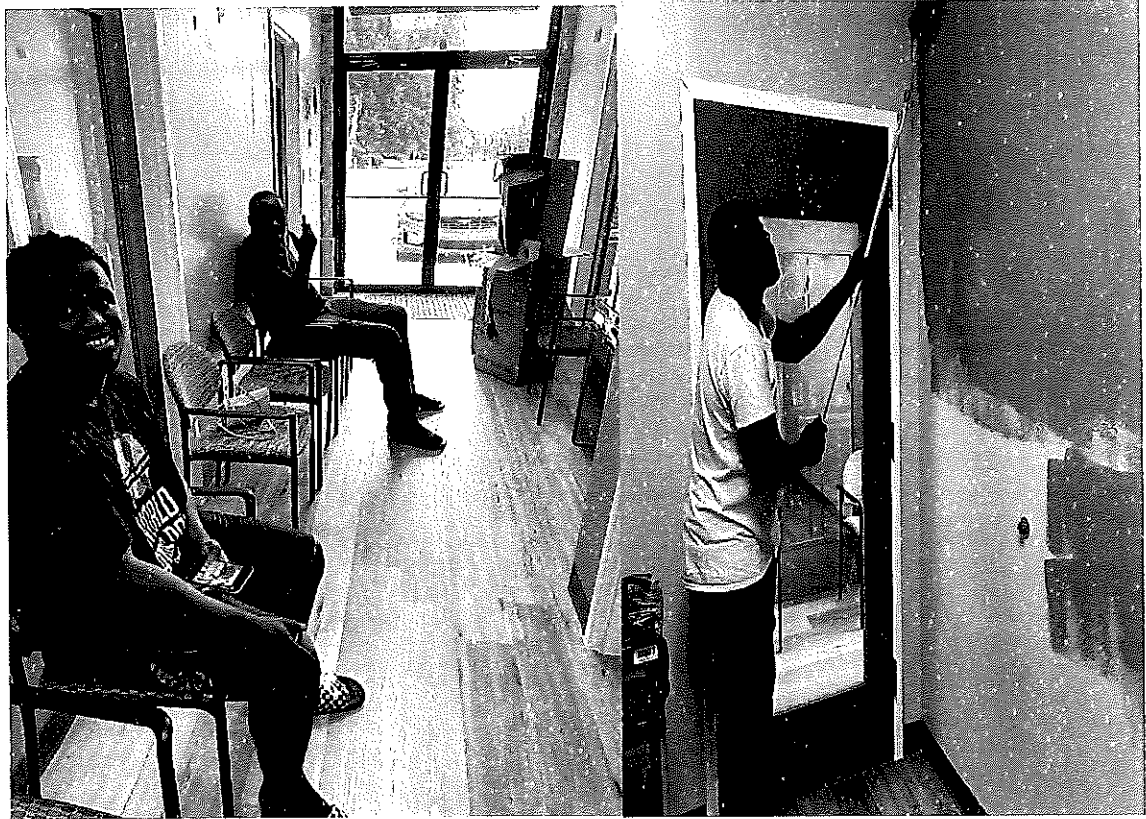
My 43rd birthday trip to Vegas Dec 2020



Picture from birthday trip to Vegas.



Abiola and my twin son helping for my grand opening of my Spa business " Mocha Beauty Spa July 2021



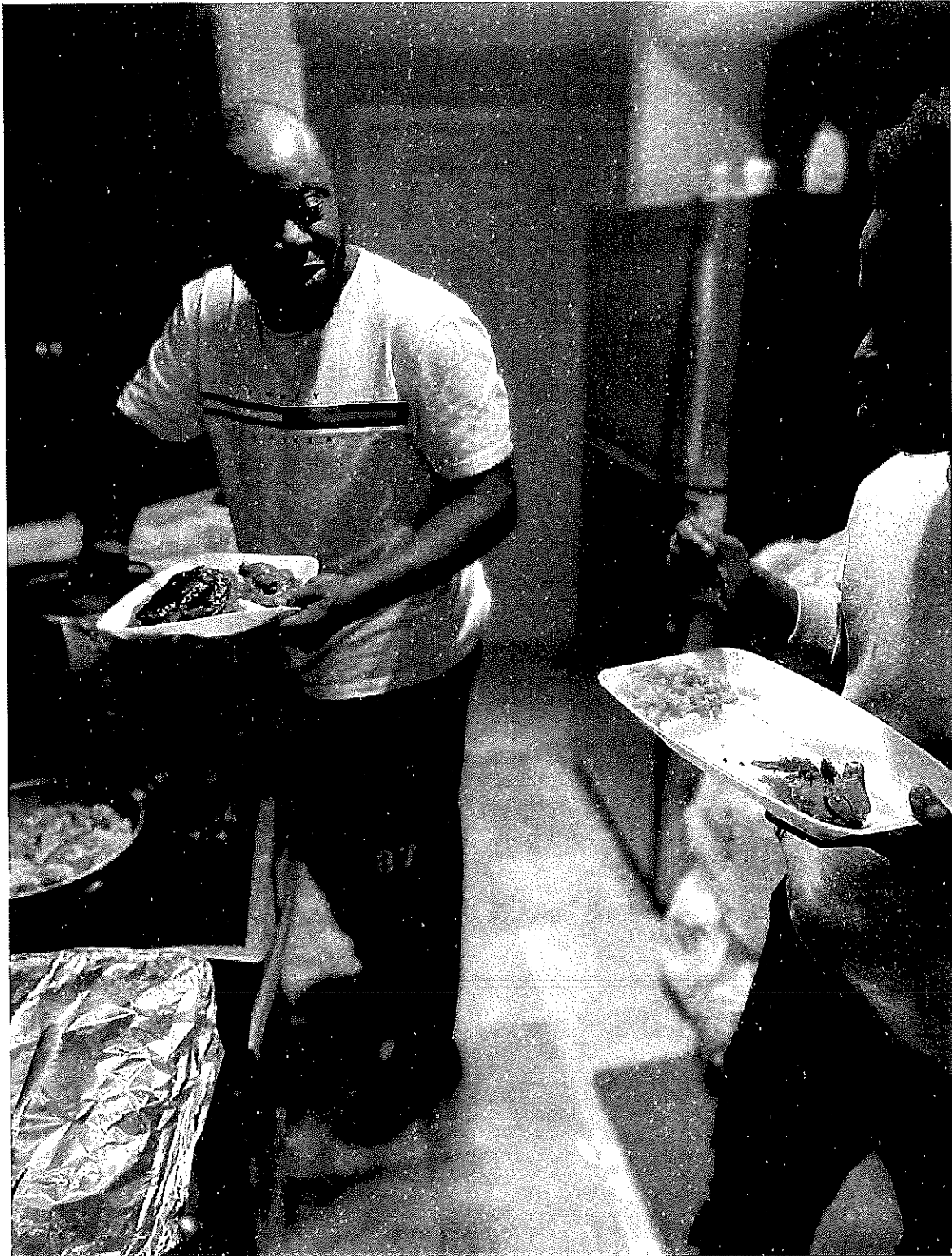
Taking my second son to college in North Louisiana for Fall 2021 semester



Photos at my second son's Senior Night "caption and date from social media post



Christmas 2020 Dinner at our current home





Applicant's spouse with sons.

Photos 1-5 - Pictures from our Matrimony
06/26/2018

①



②



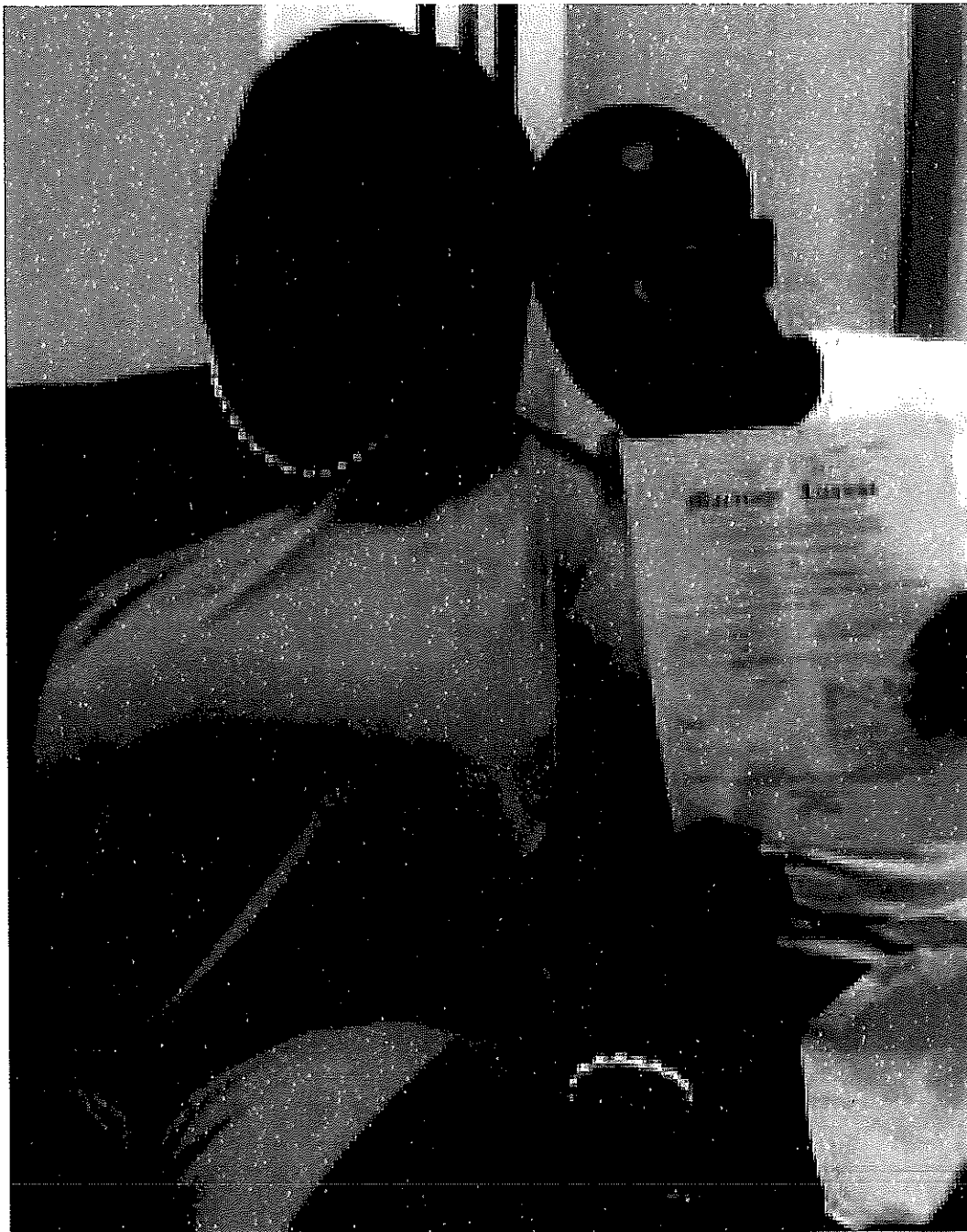
③



④



wedding day pictures

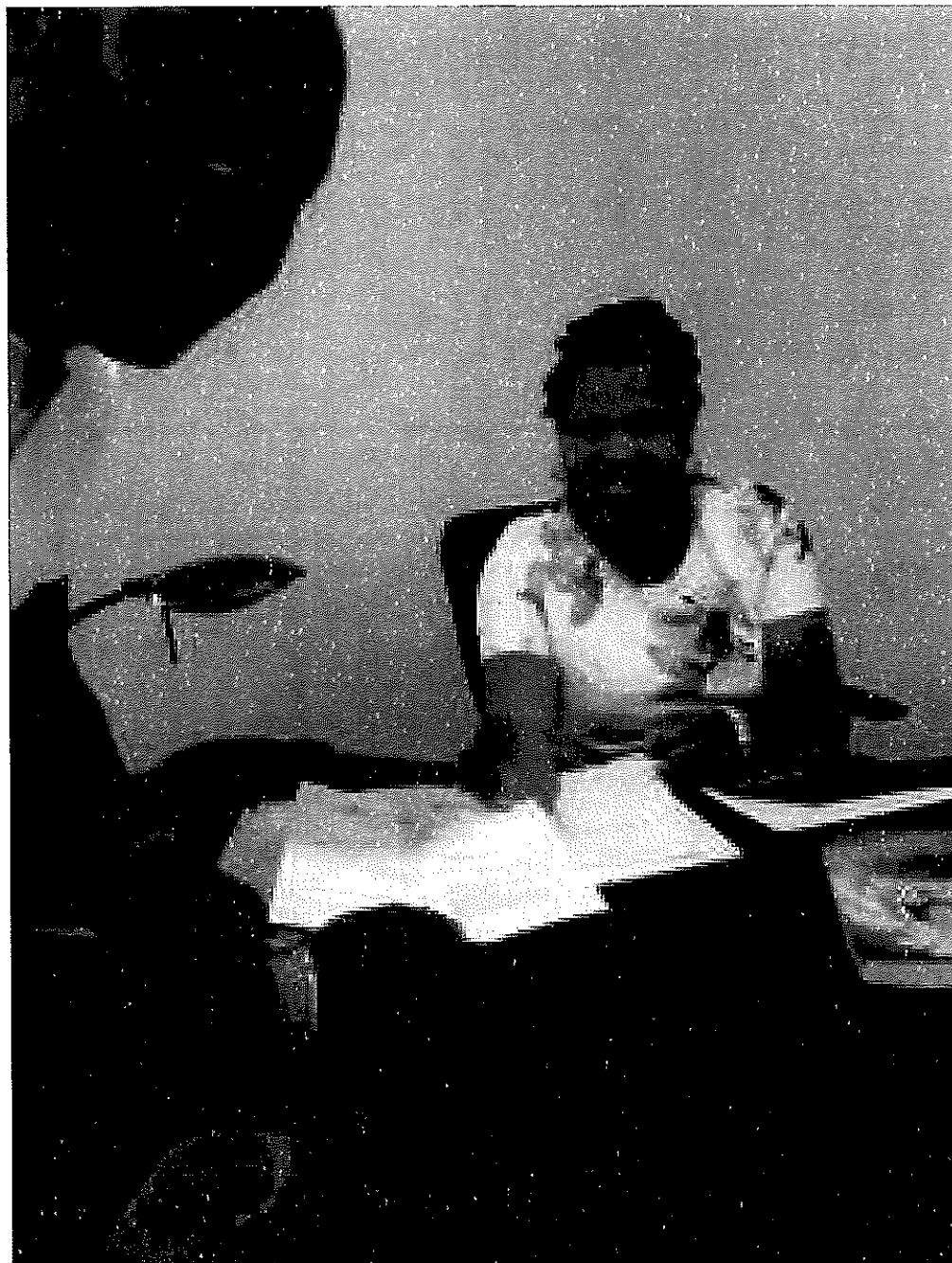


Picture with our marriage certificate.

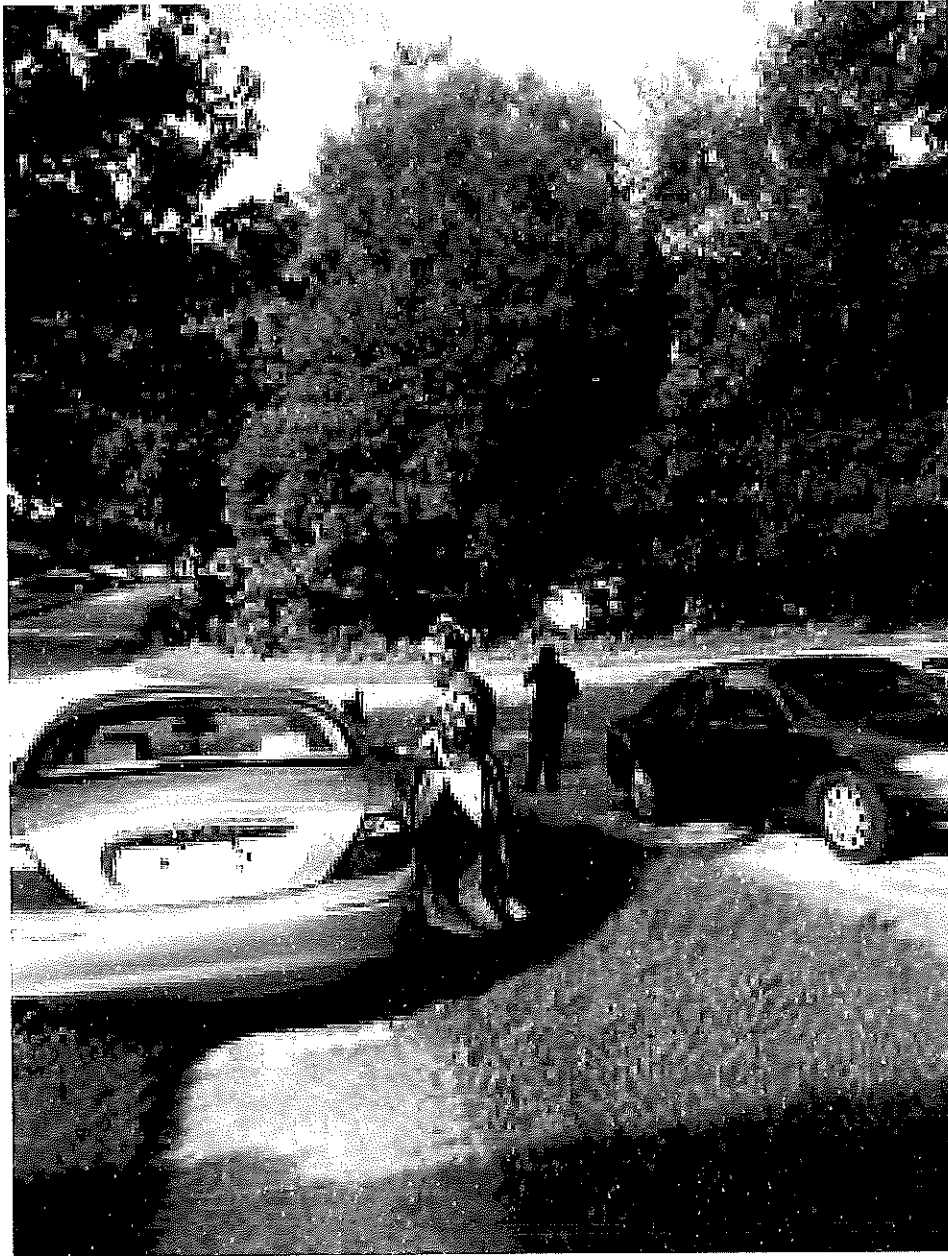
Photo from our Honeymoon in South Florida

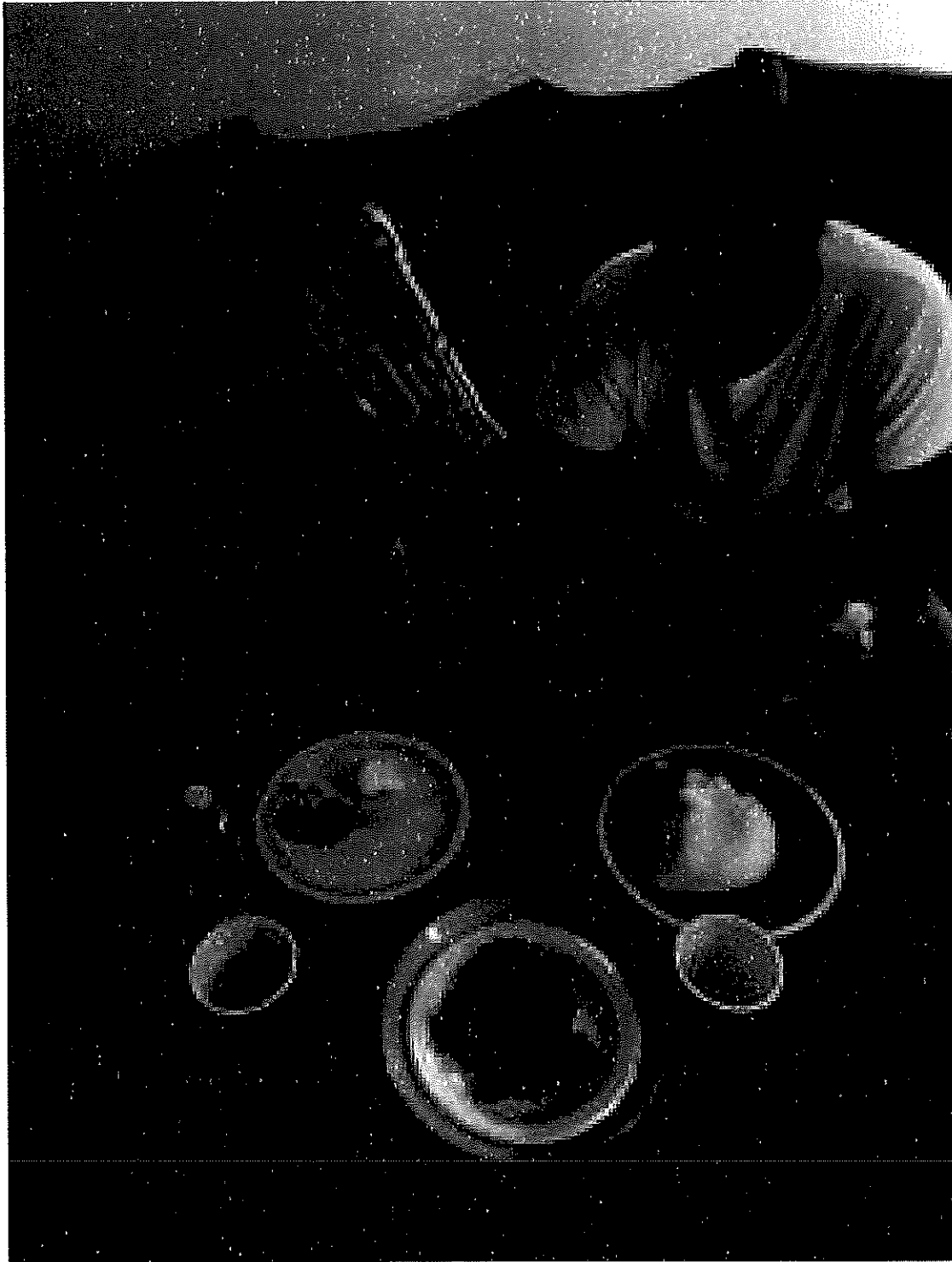


The Chaplain that wed and counselor us.

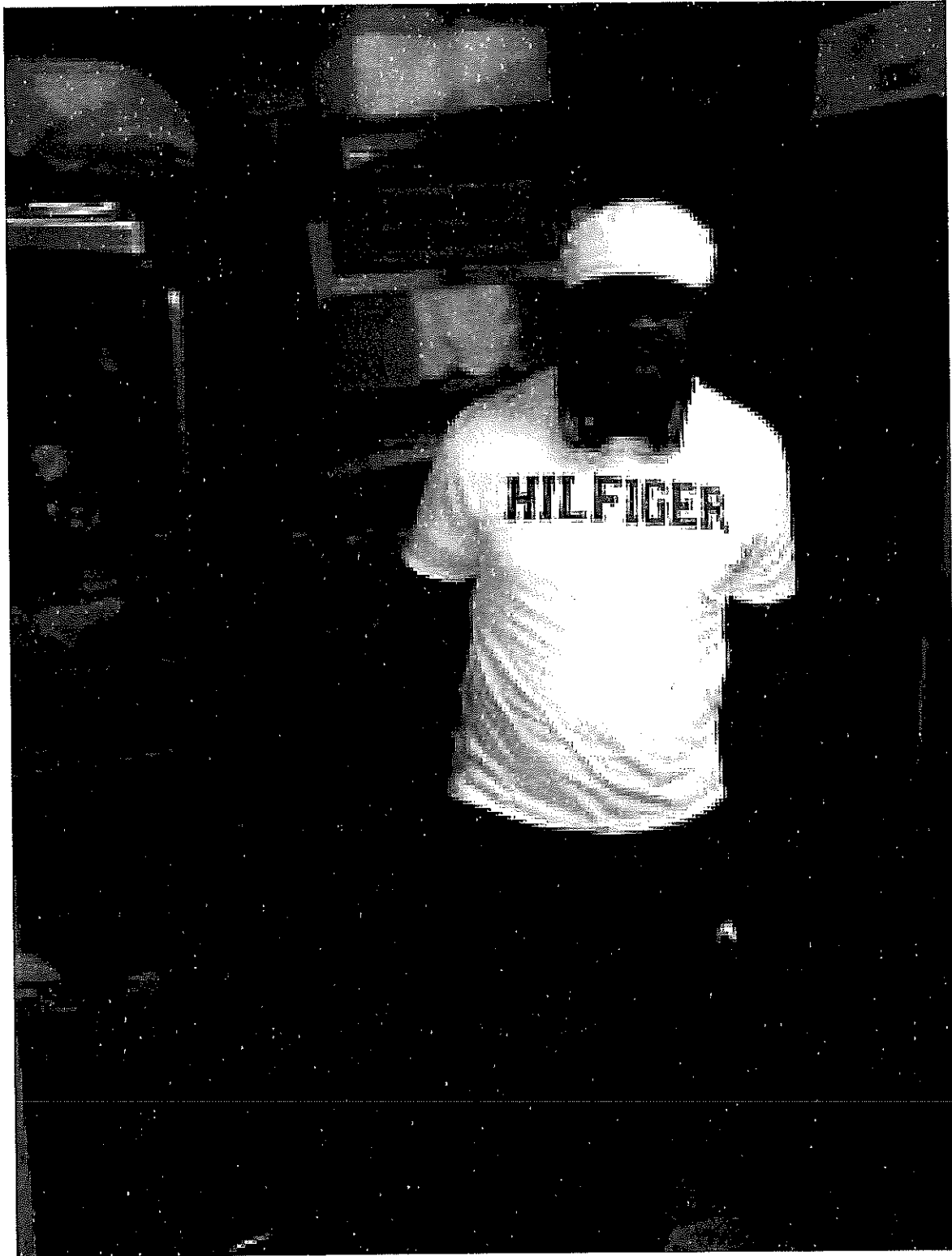


Mother's day weekend with our mothers at
our home in College Park, GA.



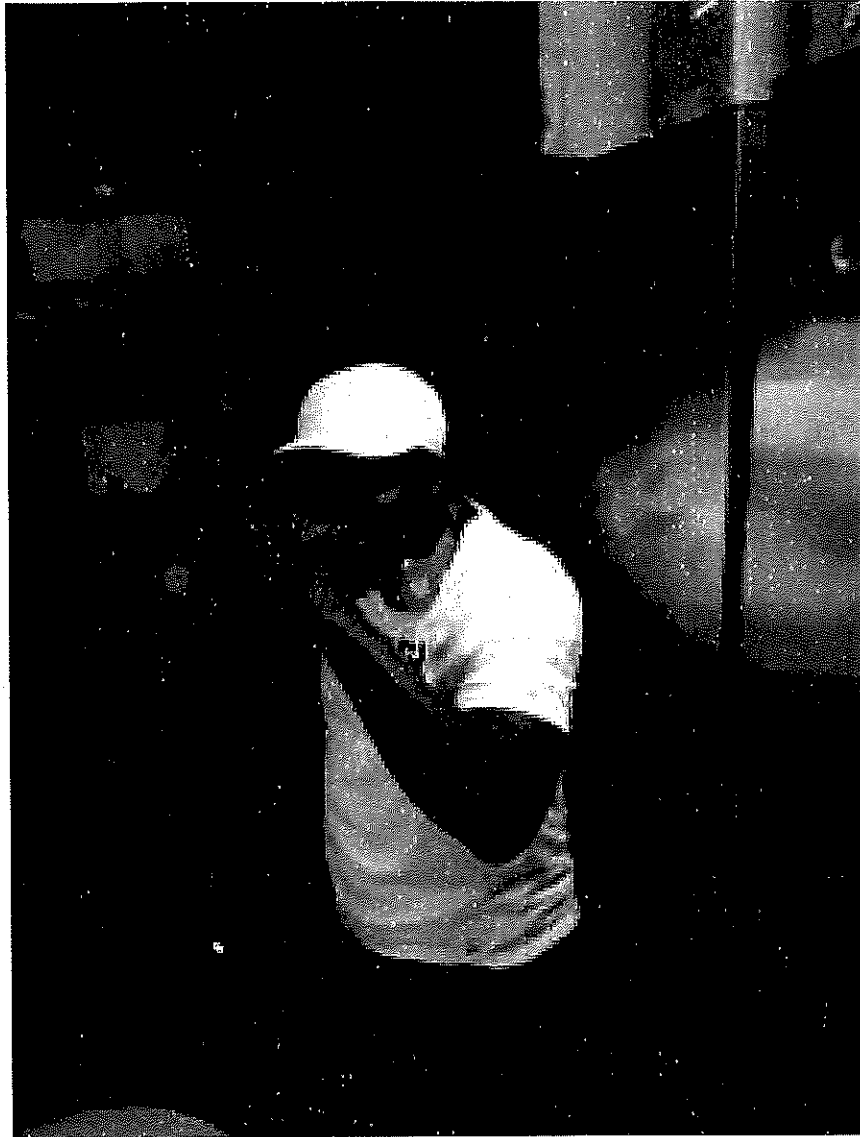


Abiola at my family-owned restaurant in
South Florida eating BBQ/Pork for the first
time.



Abiola at my family-owned restaurant in
South Florida

2018



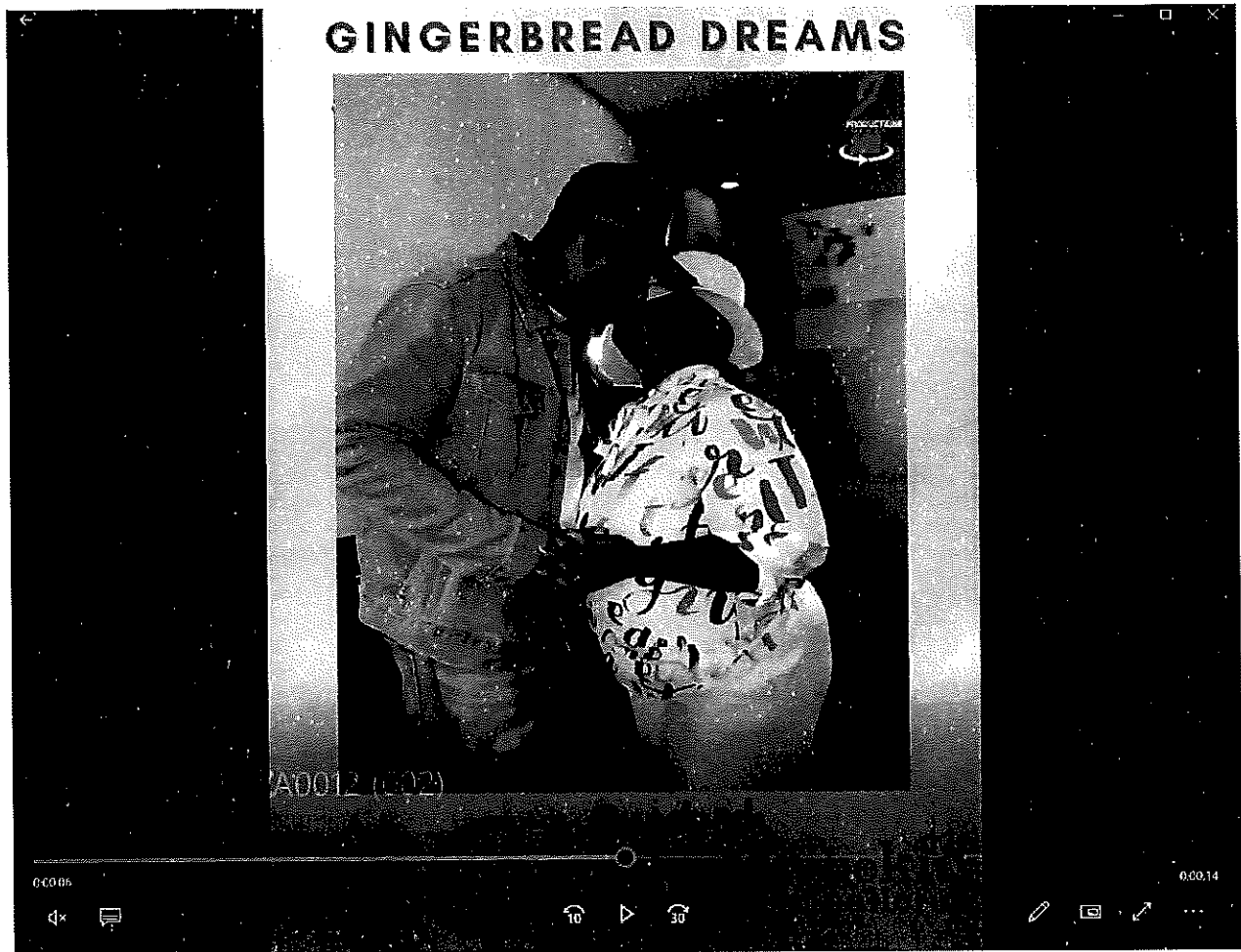
Abiola at my family-owned
restaurant in South Florida



Screen shot of sons wishing birthday to Latonic Johnson (Mother) through video



Screenshot of video - Son's wishing birthday to Latrice Johnson (Mother)



Video screenshot of Applicant & Applicant's spouse.